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REPORT

OF

THE POOR LAW COMMISSIONERS,

ON

MEDICAL CHARITIES,

IRELAND,

PURSUANT TO THE 46TH SECTION OF THE ACT 1 & 2 VICTORIA, C. 56.

ADDRESSED TO

THE MOST NOBLE THE MARQUESS OF NORMANBY,

HER MAJESTY'S SECRETARY OF STATE FOR THE HOME DEPARTMENT.

Presented to both Houses of Parliament by Command of Her Majesty.

DUBLIN:
PRINTED BY ALEXANDER THOM, 86, ABBEY-STREET,
FOR HER MAJESTY'S STATIONERY OFFICE.

1841.

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IRELAND.

REPORT

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MEDICAL CHARITIES,

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TO

THE MOST NOBLE THE MARQUESS OF NORMANBY,

HER MAJESTY'S SECRETARY OF STATE FOR THE HOME DEPARTMENT.

POOR LAW COMMISSION OFFICE, DUBLIN,
5th May, 1841.

MY LORD,

Course of Inquiry.

IN conformity with the wish of Government, that no time should be lost in entering upon the Inquiry into the Medical Charities indicated by the 46th and 47th Sections of the Irish Poor Relief Act, the Poor Law Commissioners directed Mr. Phelan, one of their Assistant Commissioners, on the 6th of February, 1840, to proceed with the inspection of the different Medical Institutions within the District then under his immediate charge; and he was subsequently directed, in conjunction with Mr. Voules, to inspect the Institutions in the Cork Union. Mr. Phelan was afterwards directed to join Mr. Gulson, and then Mr. Clements; and with the first of these gentlemen he examined the Medical Institutions in all the Unions of his District, and he examined them in seven of the Unions in charge of the latter.

The instructions given on these occasions, and the different Reports furnished, are inserted in the Appendix. *App. B. No. 1 to 3.*

In the month of November last, Dr. Corr was, with your Lordship's approval and the sanction of the Lords Commissioners of the Treasury, appointed to assist Mr. Phelan, in order to expedite the Inquiry; and these gentlemen, in conjunction with Mr. Hawley, Mr. O'Donoghue, Mr. Muggeridge, and Mr. Hall, have since inspected the Medical Institutions existing within the several Unions referred to in the respective Reports; which Reports, with the Statistical Tables relating to them, are also given in the Appendix. *App. B. No. 4 to 12.*

Extent of Inquiry.

The Inquiry has now extended over the entire of 53 Unions, and includes portions of certain others. The total population of the Districts thus examined amounts to 3,228,580; and as the chief Cities and many of the most populous Towns are included, the amount of Medical Relief, and the mode in which it is afforded in the other portions not yet examined, may, it is believed, be accurately inferred from the Reports and Tables which are herewith furnished.

Modes of affording Medical Relief.

Gratuitous Medical Relief is for the most part afforded to the Working classes in Ireland, by means of DISPENSARIES, FEVER HOSPITALS, and INFIRMARIES. Each of these Institutions receives the aid of County Grants, but in different proportions, and the Infirmaries obtain in addition £100 per annum each (late Irish Currency) from Government.

THE DISPENSARIES.

I. DISPENSARIES.

Description of.

A Dispensary is intended to supply Medical Attendance and Medicine to the Sick Poor of the District surrounding the place in which it is established. This is afforded, 1stly, to those who apply at the Dispensary, and 2ndly, to such as are unable to attend, and who are then visited by the Medical Officer at their own

I. Dispensaries.

homes. The Dispensary District is, in many instances, accurately defined, comprising one or more Parishes, or a half Barony or a Barony. Frequently, however, there is no defined or acknowledged boundary; the limit being considered to extend to any distance where a Subscriber resides or has Tenants residing. Each Dispensary is usually attended by one Medical Officer.

Number of.

In 1833, the number of Dispensaries in Ireland was 452; in 1839 they amounted to 615.

How supported.

The Dispensaries are supported by Subscriptions and County Grants; a portion of the fines imposed at Petty Sessions is also applied in aid of the funds of the Local Dispensary. The average annual amount of Subscriptions during the years 1832 and 1833, was £25,448; and of County Grants £25,016. In 1839, the former was £34,604, the latter £34,080.

Registration of Patients.

A Registration of Patients is kept at many of these Institutions; at others, the only registry made, is of the number of dispensations of Medicine, from which the number of individual cases cannot be ascertained. The dispensations show the extent of the duties performed, but do not indicate the extent to which the advantages of the Institution are diffused. At some Dispensaries there is no registration whatever of cases or prescriptions.

Management.

The management of these Institutions is usually vested in the Subscribers of one Guinea and upwards annually, or in a Committee of five or more Members, elected by the Guinea Subscribers (see 6 & 7 Wm. IV. c. 116, sec. 81). Contributors of smaller sums are authorized to recommend Patients. Some Dispensaries have not the number of Subscribers necessary to constitute a Committee. At one it has been ascertained that there is only a single Subscriber, who refuses to receive contributions from any others.

Medical Officers' Appointment and Qualifications.

The Dispensary Medical Officer is appointed by the Managing Committee, or by the Subscribers of one Guinea annually. The law does not specify what qualifications he shall possess. Physicians, Surgeons, and Apothecaries are indifferently appointed.

Meetings of Committees, &c.

Monthly or Quarterly Meetings of the Committees, or of the Subscribers, are held with more or less regularity at some Dispensaries; at others they only meet once a year; and in some cases they never meet at all, the Subscribers merely giving their contributions to the Treasurer, who with the Medical Officer constitute the only managing authority. The latter is also frequently the Collector as well as Treasurer, and on him, in such cases, the management of the Institution altogether devolves.

Regulations for giving Relief.

The regulations under which parties are entitled to receive Dispensary Relief, are various. At some Dispensaries the Medical Officer is empowered to give Advice and Medicines to all whom he considers to be fit objects, and to refuse it to all others. At most Dispensaries, however, a Subscriber's recommendation is requisite. Frequently the relief is afforded to the Tenantry or Dependents of Subscribers, whilst individuals residing on the property of persons who do not contribute are excluded from all participation in the relief, although in indigent circumstances, and residing within the Dispensary District, and so situated as to be unable, without great inconvenience, to obtain it elsewhere. This exclusion is however not unfrequently obviated by Subscribers giving, through compassion, recommendations to the poorer Tenantry of Landlords who do not contribute to the Charity.

Recipients of Medical Relief.

In some of the Dispensary Districts, it appears that all the working classes, including Farmers, independent of such a resource, consider themselves entitled to Dispensary attendance, and usually obtain it. In other Districts, persons of respectable station, possessing one or two hundred acres of Land, as well as money and other property, obtain gratuitous medical attendance for themselves and families. Some proprietors, it appears, recommend all their Tenantry, rich as well as poor, for Dispensary Relief, including domiciliary attendance. Yet the rules of all these Institutions specify that relief shall be given to the poor only. In many cases this rule is adhered to, but in a far greater number it is not enforced.

Subscribers who contribute for the sake of obtaining Relief.

The Subscribers to some Dispensaries expect and obtain gratuitous attendance for themselves and families, and in fact contribute on that express understanding. It appears too, that in Districts where there are but few or no resident Gentry, or where from any other cause the proprietors do not subscribe, a sufficiency of funds could hardly be otherwise obtained. At several Dispensaries, small sums of from five to ten shillings are paid annually by parties, with a view to obtain medical attendance for themselves and families; and however inexpedient, or

I. Dispensaries.

even illegal this practice may be, it must yet be regarded as an effort, laudable in itself, to secure the advantage of independent Medical Relief. At some Dispensaries this practice is encouraged, at others it is not allowed.

Number of Dispensary Patients.

The average number of Dispensary Cases stated to have been attended in each of the years 1832 and 1833, is 1,139,150; and in 1836, 1837, and 1838, the average number is 1,210,143; but from the defective mode of Registration before adverted to, these totals must greatly exceed the number of Patients.

Condition and operation of Dispensaries.

Dispensaries constitute at present the chief means of supplying Medical Relief to the Sick Poor in Ireland; and it becomes necessary therefore to describe generally their present condition, and the manner in which they actually work.

Proportion of Dispensaries to Population.

The Table No. 1, in the Appendix (A.) shows the number and revenues of the Charities of this class, and the proportion which they bear to the population of each County. In Meath, it appears, there is one Dispensary to a population of 6,545; in the County of Dublin, one to 6,286; in Kildare, one to 7,228, whilst in the County of Down, there is only one to 23,468; in Longford, one to 22,511; in Leitrim, one to 20,218; and in Sligo, one to 19,176. The proportions vary in the other Counties between these extremes: the mean average for all Ireland, assuming its present population to be 8,500,000, being one Dispensary for a population of 13,520.

Proportion of Patients to Population.

Great as the disproportion above stated appears, it is yet not greater than that which exists in the amount of relief afforded by particular Dispensaries, even in the same County. For instance, in the County Down, the Kilkeel Dispensary afforded relief to 4 per cent. of the population, that at Donaghadee to $4\frac{1}{6}$ per cent., whilst the Seaford Dispensary is stated to have given relief to 35 per cent. In the County of Armagh, 4 per cent. was attended at the Bellatrain Dispensary, $9\frac{1}{2}$ at Seago, 44 at Portadown, and 50 at Fork-hill.

Variable Rates of Salary.

The same inequality appears in respect to the Salaries of the Medical Officers, and the charge for Medicines. The Surgeon's Salary at Monelea, in the County of Westmeath, is equal to $10\frac{1}{3}d.$ per head on the population of the District: at Ballinacargy, in the same County, it only amounts to $1\frac{2}{3}d.$; at Durrow, in the Abbeyleix Union, the Salary is equal to $8\frac{1}{4}d.$; and at Mountmellick, to $1\frac{1}{7}d.$

Variable Cost of Medicine.

The cost of Medicine for the Kilkeel Dispensary, in the County of Down, amounts to $2s.\,5d.$ per Patient relieved: at Castlewellan, it is only $3\frac{2}{3}d.$—at Enfield, in the County of Meath, the expense for Medicine is $8d.$ per Patient—at Trim, immediately adjoining the former, it only amounts to $1\frac{1}{6}d.$ Similar inequalities occur in every other County.

Mode of establishing Dispensaries.

To establish a Dispensary, it is at present only necessary that a certain amount of Subscriptions should be placed in the hands of an individual designated a Treasurer, who swears or affirms that he has received the money for that particular purpose, and that the Presentment Sessions approve of the establishment of such Institution in the particular locality. (See 6 & 7 Wm. IV. c. 116, sec. 81.)

It rests altogether with the Subscribers to define the extent of District for which the Dispensary is intended, and to make bye-laws and regulations for its future management. At each successive presenting period, the attention of the County authorities may be called to it; but in general they have neither time nor opportunity, even if they have the disposition, to make inquiry respecting its management or efficiency. It is imperative upon the Grand Jury to grant a sum equal to the amount of the Subscriptions received by the Treasurer, when the Institution has been approved of by the Presenting Sessions; and the same on each occasion, when a Presentment is annually sought for.

Dispensaries not established on any general principle.

It thus appears that Dispensaries are established in the first instance, and subsequently conducted, according to local or personal views and objects, rather than on any fixed general principle, calculated to ensure the formation of these Institutions in places where they are really necessary, and there only, and to assign to each Dispensary a District of sufficient extent, and to provide for its efficient and economical management. Accordingly, the leading defects of this class of Charities, are found to be such as might be expected to arise in the absence of any established principle in their formation or management; and the consequence of these defects in the Dispensary system is, that when examined, certain of the Dispensaries have been found by the Assistant Com-

I. Dispensaries.

Consequences of the defects of the existing Dispensary System.

missioners, to be circumstanced as is described under some one or more of the following heads.

1. The Funds are insufficient to remunerate the Medical Officer for his time and labour, and to purchase the necessary Medicines and medical appliances.
2. The Medical Officer is perhaps fairly paid, but the Funds are not sufficient to procure the necessary Medicines.
3. The Funds, if properly applied, are adequate for both purposes; but the Medical Officer's salary is to be the entire of the balance in the Treasurer's hands at the end of the year: so that the remuneration depends on the degree of economy that may be practised in the purchase and dispensation of Medicine.
4. The Medical Officer is, in some cases, paid a fixed sum for attendance and Medicines,—an arrangement open to the objection stated in the last case.
5. The Funds are, perhaps, sufficient for all purposes, and the Medical Officer is fairly paid; but then he is so much engaged in private practice, as to render it impossible for him to discharge the Dispensary duties efficiently, unless he neglects his private Patients, which he can scarcely be expected to do. This not unfrequently occurs in localities where competent medical assistance could be obtained on reasonable terms.
6. Regular attendance is given at the Dispensary; but the visits of the Medical Officer to the Sick Poor are limited to a circle of one or two miles from his residence; and a large portion of the District is thus left without the advantage of domiciliary attendance.
7. No attendance whatever is given to any, excepting to such as shall apply at the Dispensary.
8. The District is so populous and extensive, as to render it impossible for the Medical Officer to attend all, or even one half of the Sick Poor within it.
9. The Medical Attendant is paid from 2*s*. to 5*s*. for each visit which he makes beyond a certain distance from the Dispensary, or his own residence, either by the Patient, or by the Subscriber recommending him. Such an arrangement seems calculated to exclude a portion of the Sick Poor from obtaining necessary relief, as the Subscribers may not be disposed to pay the stipulated Fee, and the Patient may not be able to pay it.
10. The Funds are altogether insufficient, owing to certain Proprietors and others in the District, not subscribing. The duties are nevertheless efficiently performed, and the Tenantry of these Non-subscribers are attended; but the Medical Officer's remuneration is very inadequate to the services which he renders, and which therefore cannot be reckoned upon for a continuance.
11. Several persons who possess property in the District, refuse to subscribe, and their poorer Tenantry are altogether excluded from the benefit of the Charity, and have no means of access to any other.
12. The stipulated condition on which domiciliary attendance is to be afforded to the Tenantry of a Subscriber, is the payment of Two Guineas annually. A few persons only pay the subscription, and the Tenantry of the others are not visited.
13. The only responsible Medical person to visit the Sick of a large population, is the Apothecary of the Institution: he keeps an Apothecary's shop, is in extensive private practice, and is also Apothecary to a Fever Hospital. The Subscribers admit that it is impossible for him to perform all these duties, yet he is continued as the Medical Officer of the Dispensary.
14. In a populous and wealthy City, a sufficient amount of subscriptions cannot be obtained for enabling the Committee to purchase the Medicines which are necessary, or to pay the Medical Officers whom they have engaged to visit the Sick. The duty, therefore, is only partially performed, and many of the Sick Poor remain altogether unattended.

Consequences of the defects of the existing Dispensary System.

15. The subscriptions are contributed by persons of one party, or persuasion; whilst those of the opposite party, although they have an equal or even a greater interest in the District, either took no share in establishing the Dispensary, or have since withdrawn altogether from its support.
16. The Medical Officer is compelled also to collect the subscriptions, and to humiliate himself by frequent calls and solicitations, to the injury of his profession, and the lowering of his own position in society.
17. The personal friends and relations of the Medical Officer are the chief or perhaps the only Subscribers to the Dispensary, several of these having no property or residence in the District.
18. Many Subscribers, in return for their contributions, obtain Medical attendance gratis for themselves and their families, although able to pay for it.
19. The Medical Officer is allowed to sell the Medicines purchased with the Dispensary Funds, and to retain three-fourths of the amount so received by him, the other fourth part being placed to the credit of the Institution.
20. The Medical Officer, by direction of the Subscribers, gives the Dispensary Medicines gratis, to Farmers and others in comfortable circumstances, whenever they choose to apply for them.
21. Parties are recommended by Subscribers, and thus obtain the benefits of the Charity, who are in the possession of valuable farms, and known to be in good circumstances.
22. The Medical Officer resides at a distance from the District, and visits it only once or twice a week, and is therefore unable to afford the necessary relief to the sick.
23. He is paid £150 per annum for attending a Dispensary which has three branches—one is twelve miles distant from his residence, (which is not in his District)—another ten, and the third six. There is no Registry of Patients at the chief branch, which he visits once a week, and the Medicine-shop and Medicines are of the most wretched description and quality.
24. The Medical Attendant possesses no legal qualification as Physician, Surgeon, or Apothecary, yet the Subscribers continue their contributions to the Dispensary, and the Presenting Authorities grant the County Funds.
25. Dangerous lying-in cases are attended only when a fee of a certain amount, varying from 5*s*. to 10*s*. is paid or secured to the Medical Officer by the Patient's friends, or by the Subscriber recommending the case.
26. A fee of the above description is regularly paid out of the Dispensary Funds; and the number of such cases returned is altogether disproportioned to the population of the District.
27. Where this fee is not charged upon the Dispensary Funds, but is paid by the Subscriber, or by the friends of the Patient, the number of cases attended is so very small, relatively to the population, as to make it all but certain that some must have suffered from the want of necessary relief.
28. The Medical Officer does not practise midwifery, although his District is remote from the residence of any practising Accoucheur. He is ignorant, whether, during 20 years, any injury has arisen from his non-acquaintance with this branch of his profession.
29. The Attending Physician states, that he visits a certain number of cases in the course of the year; usually pays but one visit to each, no matter what the disease may be; even although it were Fever of a bad typhoid character, he would deem a second visit rarely necessary.
30. The Medical Attendant partly resides, and has a Dispensary, in one County; he attends another once a week, at a distance of eight miles, in an adjoining County; his family reside in a third County, eight or nine miles further off. He is unable to say if Fever has prevailed to any extent in any part of his extensive District, except in that which is near to the first-named Dispensary, contiguous to which he holds a large farm.

I. Dispensaries.

Consequences of the defects of the existing Dispensary System.

31. The Medical Officer of the Institution is non-resident, and the duties, from this and other causes, are not performed satisfactorily. Certain influential persons establish a second Dispensary in the same District and appoint another Medical man to attend it, who is also non-resident. Thus a District which stands in need of and could well support one resident Medical Practitioner, is left without any, and subjected to the inconveniences arising from this defective arrangement.

32. The Subscribers are the personal friends of the Medical Officer, who, although he keeps no Registry of cases, yet gives the Treasurer a return of the number stated by him to have been relieved; which return is laid before the Presenting Sessions and Grand Jury, and leads to the supposition that the relief afforded far exceeds that which is really given.

33. Dispensaries are very unequally distributed, even in the same County: for instance, there is one for an average population of 4,000, in a rich tract of country, occupied by a numerous resident gentry; whilst in a poor tract, standing equally or more in need of relief, there is only one to a population of 33,000. In another County, there are fifteen Dispensaries, for Districts whose total population is about 232,000: and a portion of the same County, with a population of about 120,000, has no such Institution.

II. Fever Hospitals.

FEVER HOSPITALS.

How supported.

The Fever Hospitals come next in order for consideration. Some of these are County Establishments, and are entirely supported (see 6 & 7 Wm. IV. c. 116, sec. 83), by County Grants, (no previous subscription being necessary to entitle the Institution to a Presentment,) the maximum of which is fixed at £500 per annum; but there are only about twelve of this class. The remainder of the Fever Hospitals in Ireland are District Institutions, like the Dispensaries, and intended for one or more Parishes, or for Baronies, or half Baronies.

The County Authorities are empowered to present any sum, not exceeding double the amount of the subscriptions obtained within the year, or since the last Presentment—(see sec. 81 of the Act above referred to). This maximum amount is in some Counties freely granted, but in others a much smaller sum is invariably presented. Some Grand Juries have of late refused to present more than one shilling, or a merely nominal sum; being unwilling, it is said, to take any step in reference to these Institutions, until the result of the present Inquiry shall have been made known, and in the expectation that from it may emanate some measure for their better distribution, and for the more equal apportionment of the charge of supporting them.

The Dublin Fever Hospitals are supported in a different manner from those in other parts of the country. That in Cork-street is maintained by a large annual Parliamentary Grant, with the addition of some subscriptions. The Hardwick Fever Hospital, and the Fever Wards of the Meath Hospital, are supported entirely by the former means. The Funds for a few of the Fever Hospitals are supplied entirely by private individuals: thus the Primate supports the Armagh Fever Hospital, and Lord Midleton one in the western part of the same County. A large annual donation from the Marquess of Hertford, added to a voluntary Assessment on his property in the County of Antrim, constitute the means of supporting that at Lisburn.

The Governors of Fever Hospitals obtain advances from Government, through the intervention of the General Board of Health for Ireland (58 Geo. III., c. 47, sec. 12), where a Local Board of Health is formed in the vicinity of such Hospitals. In other instances these Local Boards of Health disburse the whole of the Funds obtained from Government, whilst the Governors of the Fever Hospital support it in the usual manner. In either case, the Funds advanced by Government are repaid by an Assessment upon the County at large.

Number and Revenue of.

In 1833, there were in all 70 Fever Hospitals in Ireland, for which £13,268 was obtained by County Presentments. In 1839 the number had increased to 90 and the County Grants in that year amounted to £22,072 15*s.* 2*d.* In the former

year the amount of subscriptions was £7,543; in the latter it only reached £7,168 9*s.* 8½*d.*

Management.

These Institutions are usually managed by a Corporation, or a Committee of the Subscribers, under the 58 Geo. III. cap. 45, or the 6 & 7 Wm. IV. c. 116; and at most of them a monthly meeting of the Managing Committee takes place.

Connexion with Dispensaries.

Several Fever Hospitals are attached to Dispensaries, in which cases it is impossible to distinguish the actual income and expenditure of either Charity separately. The general practice is to present a small sum for the Dispensary, and a large sum for the Fever Hospital; as the Presentment for the latter will be double, whilst that for the former will be only equal to the amount of subscriptions. For instance, where the subscriptions for both Institutions amount jointly to, say £200—supplied, possibly, by 80 individuals, to the same common Treasurer—£30 is placed to the credit of the Dispensary, and £170 to that of the Fever Hospital; by which means £30 is obtained by Presentment for the former Institution, and £340 for the latter. The largest possible sum is thus raised from the County; and although the accounts for each Institution are professedly kept separate, in reality such is not the case, the Medicines being all supplied from one common source, and the Medical Officer's salary being generally charged on the larger Fund.

Registration of Patients.

The Registration of Fever Hospital Patients is in general accurate; but at several Hospitals the Patient's residence is not entered.

Mode of Admission.

Cases of contagious disease from all parts of a County, are admissible into the County Fever Hospitals, on the recommendation of a Magistrate, or a Governor, or Subscriber. At the District Institutions, a Subscriber's Order is generally required. All cases of Fever are received freely into some Hospitals, where there is room, and the Funds admit of it, without reference to Subscribers, Landlords, or Employers. But the Managing Committees of many Fever Hospitals circumscribe to one or two miles the limits from within which Patients shall be received, and exclude all the Tenantry of Non-subscribers, even although no other Institution be open to them.

Patients who pay.

In some instances, persons who are able and willing to pay their own expenses are received, where there are spare beds in the Hospital. This practice is approved of, as it tends to check the spread of Fever, and so long as there is room does not exclude the Poor. Unfit objects—i.e. persons who are able, but not willing to pay—rarely obtain relief in these Institutions.

Subscriptions refused from persons beyond given limits.

The Governors of some Fever Hospitals refuse subscriptions from parties residing beyond a particular Parish, or a particular boundary, although near enough to the Institution for Patients to be sent to it, and although there is no other within reach. It may thus happen, that a portion of a District which most stands in need of the Charity is altogether deprived of its benefits; and the hardship is the greater, as the tax for its support is levied off the entire County.

County Infirmary Funds applied to Fever Hospitals.

In a few instances, the Funds raised for a County Infirmary have been applied to the support of Fever Wards connected with it. This has occurred where the Grand Jury has refused to make more than a nominal Presentment for a Fever Hospital in a Town situated at a distance from the County Infirmary. It appears doubtful whether this appropriation of the Infirmary Funds is legal, the Legislature having specifically provided for each Institution separately: but supposing it to be legal, it is yet inequitable, and tends to throw the expense upon the County at large, whilst it is certain that very few Patients are ever sent to Fever Hospitals from more than a few miles. Parties who reside at a great distance from the Infirmary Town are thus taxed without any return whatever, and have therefore reason to complain.

Tables of Fever Hospitals.

The Table No. 2, in the Appendix (A,) shows the number and revenues of this class of Institutions, the number of Patients admitted into the Fever Hospitals of each County in Ireland, in the year 1839, and the proportion which those of each County bear to its population; and the Table No. 3, gives the number of Patients received into each Hospital, and the proportion of such Patients received from certain defined portions of the Districts for which the Hospitals were respectively intended.

Defects of Fever Hospital System.

The system on which Fever Hospitals are governed and supported, as above explained, partakes of the defects which attach to the Dispensary system, there being in each, a want of the means requisite for ensuring good management and

II. FEVER HOSPITALS.

Defects of the existing System.

a strict adherence to the regulations. Hence, amongst other consequences, derogating from the efficiency of the Fever Hospitals in Ireland, the following are found by the Assistant Commissioners to occur:—

1. The Act (6 & 7 Wm. IV. c. 116, sec. 83,) defines the maximum sum which the Grand Jury can present for a County Fever Hospital. That Body grants this maximum for each of *two* such Institutions, which are yet so situated, that one half of the County derives no direct benefit from either of them, the inhabitants being left without ready means of access to these or any other similar Institutions, in case of Fever occurring.
2. The Grand Jury divides the maximum Presentment between three County Fever Hospitals, but the District of one of these is so circumscribed, that the Subscribers to a Dispensary, in a Town only three miles distant, find it necessary to make up subscriptions to establish a Fever Hospital there also.
3. A County Fever Hospital receives the maximum annual grant from the Grand Jury; the Treasurer is the only person that has any share in its management; there is no Committee of Subscribers; Fever occasionally prevails in the District to a considerable extent; the Funds are found insufficient to meet the demands on the Institution, a portion only of the Sick are received, and many are excluded; the locality is very wealthy, yet no effort is made to obtain subscriptions, and the County Funds alone are expended.
4. A similar Institution in the same County is under the management of the Treasurer; no meeting of Managers (there are no Subscribers,) has been held for 22 years. The maximum Grant is usually received. On some occasions the Funds are insufficient, and a portion of the Sick Poor are therefore excluded; yet the District is rich and populous. In both these instances, the Statistics of the Hospitals show, that the Patients relieved all resided within a circle of from five to ten miles radius.
5. The Hospital is established in the County Town; it is the only Fever Institution in the County; there are no Subscribers; it receives the highest sum the Grand Jury can present; this is insufficient to meet the demands upon it: double that amount is obtained from Government, and is expended under the direction of a local Board of Health: the money so obtained is afterwards levied on the whole County. The Statistics of the Hospital show, that the greater portion of the Sick who were admitted, came from a distance of less than ten miles, and that extensive Districts of the County obtained no direct benefit whatever from the Institution.
6. Nearly £1000 are expended on the erection of a District Fever Hospital; relief is afforded in it for some months, although it is left in an unfinished state; it has neither privy, nor sewerage, and a sum of £140, is alleged to be still due to the Builder. The District is wealthy, but few of the Proprietors contribute, although their Tenantry are admitted to the benefits of the Institution.
7. The Hospital has been long established. Some of the largest Proprietors in the District, whose Tenantry are admitted, do not subscribe; the funds are not sufficient to afford the necessary relief, which is therefore limited to those who reside in the immediate vicinity of the Institution.
8. The circumstances similar in all respects to the last, except that the Tenantry of Non-subscribers are excluded from the Hospital, and consequently deprived of the means of relief in cases of Fever.
9. The Treasurer of a Fever Hospital, established in a populous Town, at the junction of three Counties, and which has Subscribers in, and receives Patients indifferently from, each County, neglects on two successive occasions to make the necessary application for a Presentment to the Sessions. The Managing Committee borrow money, and make up a second subscription within the year, to enable them to keep the Hospital open. They only obtain a Presentment in con-

sideration of the subscriptions obtained from persons belonging to the County in which the Hospital is situated, whilst the Grant is refused upon the contributions from the two other Counties; and as no Presentment is obtained from the latter, the Institution becomes embarrassed. Fever continues to prevail, and it is found necessary to establish a Local Board of Health, to which Funds are advanced by Government, and the Loan is afterwards repaid by the County at large. Thus the public Grants necessary to support this Hospital, which from its position is made available for limited portions of three Counties, are entirely raised off one, whilst even the portion of that County included within the Hospital District, is comparatively of small extent.

10. A commodious Fever Hospital is established for one County, situated on the Borders of and immediately adjoining to another County. It has room, and contains spare Wards; a large District of the contiguous County has no access to any other Fever Hospital. Fever prevails. The Gentry of this District are anxious that arrangements should be made, by which Fever Patients might be sent to this Hospital, but no such arrangement is accomplished, although the whole of the Districts referred to are comprised within the Union in which the Hospital is situated.

11. Under circumstances similar to the last, the Hospital Committee is desirous to give relief to fit objects, in a District of a contiguous County, and which District forms part of their Union; but the Grand Jury have intimated that the Institution shall be used for the Inhabitants of their own County only. There is no other Fever Hospital available for this District, its County Institution being 24 miles distant.

12. Fever prevails in a Dispensary District only three miles distant from a Fever Hospital: the Gentry of this District offer subscriptions to enable them to send the sick thither; the Hospital Committee refuse these subscriptions; they then apply to the Presenting Sessions and Grand Jury for a Grant double the amount of these subscriptions, with the view of establishing a Local Fever Hospital: they are refused the Grant, and are informed that there are two neighbouring Hospitals which ought to be sufficient. But from that which is near to them they can obtain no relief, whilst the other is so distant as to be inaccessible to the greater part of the District.

13. Ten benevolent Gentlemen residing in a populous manufacturing Town subscribe 100*l.* and apply for a corresponding County Grant of 200*l.* for the purpose of establishing a District Fever Hospital: the Grand Jury present one shilling, it being imperative upon them to make some Presentment. Subscriptions are thus discouraged in a locality where a Hospital is much wanted, whilst the County funds are expended on Fever Wards connected with the Infirmary, in the County Town, from which the District where the Hospital was sought to be established can derive but little benefit.

14. The regulations adopted in a Fever Hospital, situated in a rich Dispensary District, preclude the reception of Fever Patients from a neighbouring poor District, although in the same County, and although there is spare room in the Hospital.

15. The Medical Officer of a Dispensary gives two years' salary as a subscription to assist in erecting a Fever Hospital: Fever prevails in the District: but the subscriptions of the Proprietary and Gentry are so small, that very few Patients can be admitted, and the house is now in such bad condition that it is likely soon to become uninhabitable

16. A District Hospital is in progress of erection, in a Town in which several Physicians and Surgeons reside. Each is desirous of being appointed one of the Medical Attendants of the Hospital, and strives to create votes by inducing his friends and relations to become Subscribers: many of these reside at a distance, and have no property in or connexion with the District. Four Medical Attendants are at length appointed—the resident Gentry are displeased—some of

II. Fever Hospitals.

Defects of the existing System.

them withdraw—the distant Subscribers soon cease to contribute—the management becomes lax—the Hospital loses character, and the funds become insufficient.

17. Four Medical Officers are appointed annually, or triennially, to an Institution of this class; the subscriptions are paid chiefly by the friends of each, several of whom have no property in the District; party and professional feuds arise; and a state of feeling is produced ill calculated to promote the objects of the Charity.

18. The Medical Officers, or their immediate friends and connexions in the last two instances, really pay for the situations to which they have been appointed; and it can therefore hardly be expected that discipline will be maintained, or that the management of the Hospital will be in all respects such as must be desired.

19. When the Hospital is nearly erected, a day is fixed for the election of a Medical Officer, on the evening previous to which 71 persons become Subscribers, and are known to the Treasurer to be favourable to a particular Candidate. The Treasurer informs an opposing Candidate of this circumstance. The Subscribers assemble at the hour appointed for the election, and whilst it is being held, the Treasurer gives that Candidate 100 blank receipts for a Guinea each. The Candidate fills up as many of these as he knows will be required, inserting the names of poor persons, who come in by his direction to vote, and the election is carried in his favour.

By this means party feelings were in this instance excited to such a degree, that a traverse to the County Grant for the Hospital was only prevented by the intervention of the Assistant Commissioners, by whose advice the defeated Candidate was subsequently appointed to act conjointly with the other.

20. A Fever Hospital is supported by a benevolent individual, for the Sick Poor of the City in which he resides; Fever prevails amongst the population of the surrounding District, the Gentry of which would gladly contribute for the support of their Fever Patients in this Hospital, if such an arrangement could be made. The Hospital is highly useful to the immediate locality, as well as creditable to its Founder and Supporter; but it is insufficient for the wants of the District, which requires one that would embrace a wider range, and afford a far greater amount of relief.

21. Four Wards are established in a part of the out-offices of a County Infirmary; there are no Subscriptions or County Grant for the support of the Fever Patients; a portion of the Infirmary funds are appropriated to the support of the Fever Patients, and are thereby diverted to a purpose different from that contemplated by the Legislature. Distinct provision is made for Fever Hospitals and for Infirmaries, and if the Governors of an Infirmary obtain a larger amount of public money than they require for proper Infirmary objects, they are not empowered by the Act to expend the surplus on Fever Patients.

III. Infirmaries.

THE INFIRMARIES.

Nature of.

Institutions of this Class are intended for Patients residing in any part of the County, or County of a City, or Town, in which they are established.

Infirmary Patients are of two classes,—*intern* and *extern*. Severe casualties, and all serious surgical and medical cases, not affected with supposed incurable or contagious diseases, are admissible as *interns;* those of a less serious nature are attended as *externs*—i. e., they are prescribed for, and obtain medicine at the Surgery. No domiciliary attendance on the externs is expected of the Surgeon, even in Towns in which there is no Dispensary.

How supported.

The Funds for the support of the Infirmaries are obtained from County Presentments, Government Grants, Subscriptions and Donations, and Petty Sessions' Fines. Previous to 1836, the maximum which the Grand Jury could present was £600 per annum. The Act 6 & 7 Wm. IV., c. 116, empowers that Body to grant £1,400 for the support of the Institution, and £100 (late Irish Currency) for the Surgeon's Salary.

III. Infirmaries.

Number of.

There are 39 Institutions of this class in Ireland. In 1833, the County Grants for them amounted altogether to £16,946; in 1839, to £25,362 4*s.* 7*d.* The average for each, in the latter Year, was £622 10*s.* One was presented for in that year, which is not an Institution of this class.

Amount of Subscriptions, Donations, &c.

The annual Subscriptions and Donations in 1832 and 1833, averaged £4,500. During each of the three years ending on the 31st December, 1838, they averaged £4,195. But as the Subscriptions and Donations for eleven Infirmaries during these last three years, averaged £3,685, or £335 for each Infirmary, it appears that the total amount received from this source for the remaining 29, was only £510 per year, or an average of £17 12*s.* for each Institution.

Previous to 1836, the fines levied at Petty Sessions were in general received by the Infirmary Treasurers. The Magistrates are now authorized to apply them to the local Charities, which is considered a judicious arrangement, the County authorities being empowered, as before stated, to give any sum not exceeding £1,494 per year, for the Infirmary, irrespective of Subscriptions.

Donations of any considerable amount (except for the purpose of constituting the Donor a Life Governor) and Legacies, are now but rarely given to Infirmaries, probably in consequence of the large County Grant which the Grand Juries are empowered to present. To the same cause, the diminished amount of the Subscriptions may probably be attributed.

Management.

The local administration of Infirmaries is vested in a Corporation, composed of Ex-officio, Life, and Annual Governors. A payment of 20 Guineas constitutes a Life Governor; of 3 Guineas, an Annual Governor. At two Infirmaries, 2 Guineas is the payment for the latter class; and at two others, one Guinea.

Quarterly Meetings of the Governors are usually held at each Infirmary, and a Sub-Committee meets monthly.

Registration of Patients.

The Registration of intern Patients is in general very correct; but at several, the residence of the Patients is not entered. The Registry of externs is in many instances very defective, the number of Dispensations of Medicine being given instead of the number of individual Patients. At some Infirmaries there is no Registration of extern cases.

The Tables No. 4 and No. 5, in the Appendix (A.), show the amount of Subscriptions and County Grants obtained for each Infirmary in 1839, the number of Patients admitted into each of those Institutions in that year and in 1840, the proportion which such admissions bear to the County population, and the extent of District from which they were supplied.

Distinguishing characteristics of Infirmaries.

The chief characteristics of this class of Institutions are the following:— 1. The Legislature has provided that they may be supported by County and Parliamentary Funds, altogether irrespective of any subscriptions or donations; 2. They are intended for the whole of a County, not for a portion or district; 3. There is no distinction between the amount of County Grant, which may be presented for the Infirmaries of large and populous Counties,—as Cork, Galway, and Tipperary,—and that which may be given in the small and less populous Counties, as Carlow, Longford, or Louth; and as a natural consequence, it appears from the accompanying Tables and the Reports— *App. A. & B.*

Consequences of present system.

1. That in some Counties there are no subscriptions to the Infirmaries, and that in many the amount obtained is very small; the almost entire expense of supporting them being thrown upon the public fund.
2. That the Presentments are not in proportion to the area or population of a County; but on the contrary, that the Grants in the smaller Counties often equal, and in some instances exceed, those obtained in the larger and more populous ones.
3. That the number of beds provided is not in proportion to the County population, there being as many in some small Counties as in the larger ones, or even more.
4. That the relief afforded is often disproportionate to the population, ranging from one Patient to every 2,000 persons, as in Wicklow, to one for every 180, as in the Queen's County.
5. That the relative expense per Patient is also very disproportionate: being on an average in Drogheda, £6; in the King's County, £1 18*s.*; and ranging in the other Counties between these extremes.

III. Infirmaries.

Consequences of present system.

6. That the relief afforded is not, in general, commensurate with the wants of the community, the Governors being unable to admit many fit objects; partly from want of funds, partly from want of room.
7. That the want of funds occurs when the County Presentment is much below the maximum which the fiscal authorities are by law empowered to present.
8. That fit objects are refused admission when there is no want of funds, and when a portion of the Infirmary is occupied by the Surgeon, whilst he is in receipt of the maximum salary allowed by law, namely, £181 1*s.* 10*d.* per annum.
9. That a very large proportion of the intern patients is supplied by the population of the District immediately surrounding the Infirmary, at a distance of not more than 10 miles, and that such parts of the country as are situated beyond that distance derive comparatively very little advantage from the Institution.
10. That light cases, which could be safely treated in Dispensary practice, occupy beds unnecessarily, and on some occasions are a means of excluding Patients afflicted with serious ailments.
11. That there is usually but one Medical attendant, who is often non-resident.
12. That in some instances the Infirmary is at the extreme end of the County, and too remote from a great portion of it, to admit of Patients in a dangerous state being removed thither; and no arrangements exist by which the Institution could be made available for any portion of a neighbouring County, however closely contiguous.
13. That in some instances the number of Governors is so few as to make it very difficult for the Sick, in extensive Districts, to get a recommendation to the Infirmary.
14. That whilst land belonging to and adjoining the Institution is appropriated to the Surgeon's use, no convenient space is left in which the convalescent Patients may take air and exercise.
15. That some Patients are kept in the Infirmary for years, thereby in fact converting it into an Institution for the support of chronic and infirm cases, instead of a Hospital for the cure of disease.
16. That the duties of the Medical Officer are confined to the intern Patients, and prescribing for such as apply at the Infirmary; and as no provision is made for affording domiciliary attendance on the Sick, the want of a Dispensary or of some means by which such attendance could be obtained, in every case appears urgently to demand attention.

Benefits which these three classes of Institutions are capable of affording.

After this general review of the Dispensaries, Fever Hospitals, and Infirmaries, it is right to state, that these three classes of Institutions seem, from their nature, and the functions assigned to each, to be well adapted for affording all the Medical Relief required by the Sick Poor in Ireland; and were this object accomplished, humanity would be satisfied, and the large amount of pauperism which now arises from the want of prompt and regular medical attendance upon the working classes, when afflicted with disease, would be prevented.

That Dispensaries and Fever Hospitals confer great benefit upon their respective Districts, must be admitted: yet it is asserted on all hands, that a large number of objects, who stand in pressing need of medical aid, from one or the other, are now unable to obtain it. This is an evil which has long been felt to require the introduction of some remedial measure; and when, in addition to this, the manner is considered in which the funds for the support of these Institutions are at present raised, it is impossible to doubt that injustice is done to those Districts which, from whatever cause, are precluded from sharing in the advantages the Institutions are calculated to afford; and this is now not unfrequently the case, owing to the Institutions being often so located, as to render access to them difficult if not impossible.

Injustice to Districts taxed, but not deriving benefit.

App. B.

The Reports in the Appendix show, that there is no Dispensary attendance in many parts of the country; that in other parts, even in populous and wealthy Towns, and within the circle which is considered as forming the proper boundary of such

Institutions, this species of relief is often insufficient; that Fever Hospital relief is limited to certain Districts immediately surrounding the Hospitals;—That with respect to Infirmaries, although they are supported almost entirely by public Grants, yet in many Counties the greater part of the population is so remote from them, as to render them nearly if not altogether inaccessible; and if fitting objects from the distant parts of Counties could be transmitted to the Infirmaries, the Institutions would be found far too limited, and the funds would be insufficient to afford the necessary relief.

These circumstances more urgently require attention, as with some occasional differences arising from locality or other causes, it must be presumed that the people in every part of the country are equally liable to disease, requiring prompt and efficient medical attendance; and when the taxation for this object is general, while the benefits derived from it are only partial, and in many places none at all, the injustice is too manifest, and its consequences too apparent, not to excite dissatisfaction, which is found to prevail accordingly.

Abuse of Medical Charities by relief to persons able to pay for it.

It was obviously the intention of the Legislature, in making provision for the Medical Relief of the Sick Poor in Ireland, that those persons only should obtain relief gratuitously who were themselves unable to pay for it. It may be impossible always to discriminate between this class, and the one immediately above it and in a condition to contribute moderately; and under existing circumstances, it is perhaps right, that the latter class should also be supplied with gratuitous Medical Relief: but not so with those persons who are obviously in a condition to provide medical aid for themselves and their families. Yet it is certain, that in many parts of Ireland, numerous individuals obtain the benefit of the Dispensaries and the Infirmaries, especially of the former, who are well known to be in possession of ample means to pay for any medical attendance of which they may be in need. This is a serious abuse of these Charities, and must be very injurious to the Medical profession; and it is productive of another evil,—the time of the Medical Officers, as well as the Funds of the Institution, being expended on such improper objects, although neither probably are sufficient for the legitimate purposes of the Charity.

Chief cause of Abuses.

The present system of making the support of Dispensaries and Fever Hospitals depend primarily upon subscriptions, appears to be the chief cause of all these abuses. This system seems pregnant with such elements of disorder, as to render it extremely difficult, if not impossible, to work these Charities in a satisfactory manner, without an entire change; and it cannot be matter of surprise, that in nearly all parts of the Country, the individuals who are most desirous that this species of relief should be efficiently afforded, unite in calling for a change of the mode in which it is now administered.

Suggestions as to *Dispensaries*.

With respect to Dispensaries, these parties suggest that provision should be made to effect the following objects:—

1. A more equal and regular distribution of the Dispensary Districts, so that each Medical Officer should be in charge of a sufficient and only a sufficient extent of area and population, and that every part of the Country should be included within some such District.
2. A more satisfactory, certain, and equitable mode of raising the necessary Funds.
3. Such an administrative Machinery, as shall ensure, at all times, a faithful disbursement of the Funds.
4. A fair remuneration to competent Medical Officers, and an efficient attendance upon the Sick Poor.

Suggestions as to the means of attaining the objects desired, as regards Dispensaries.

The means which these parties suggest, as best calculated to carry out the above objects, are—

1. The establishment of some competent and responsible Authority, by which the necessary alterations might be made in the now defective Dispensary Districts, and by which also the performance of the medical and other duties should be regulated and enforced.
2. The Funds to be equally raised, on the principle or as a portion of the Poor-rate; so that all possessors of property might be compelled to bear a due proportion of the expenses, relatively with the interests or occupancy of each in the District.

3. The creation of such an administration for the local management of the Dispensaries, as would be a fair representation of the persons liable to the tax for supporting them.

Opinions prevalent as to amendments required in respect to *Fever Hospitals.*

The Reports given in the Appendix show that similar opinions prevail with respect to FEVER HOSPITALS. In many places, where these Institutions have been established, it is found that there is not a sufficiency of Funds for their support, and that these are often raised in what is considered to be an inequitable or improper manner.

In 64 out of the 130 Unions formed in Ireland, there is not a Fever Hospital. In each of the others there is one or more, but often inconveniently placed. In many instances, the Hospital is capable of affording very considerable relief, but the necessary funds are wanting. In others there is no lack of funds, but the Hospital accommodation is insufficient, and under present arrangements these defects cannot be remedied, nor the Institutions be made as available as the public wants require.

There is reason to believe that there are many benevolent persons, Land Proprietors and others, who are desirous of establishing Fever Hospitals in parts of the Country with which they are connected; but who refrain from doing so, until it is seen what change will be made in the Law, in consequence of this Inquiry; and they almost invariably express a desire that some amendment should take place, having the following objects in view:—

1. That the Fever Hospital should be established for such extent of country as to admit of Patients being conveniently removed to it from all parts of its District.
2. That the requisite funds should be raised by Rate upon all property within the District.
3. That the local administration should be such as would insure the appointment of competent Medical Officers, due attendance upon the Sick Poor, a satisfactory disbursement of the funds, and an avoidance of the abuses which now prevail.

Sources of foregoing information.

The Commissioners have thus endeavoured to give, as briefly as possible, a general view of the Dispensaries, Fever Hospitals, and Infirmaries,—their original constitution, and their existing defects; and have also adverted to the opinions entertained by influential and intelligent persons in all parts of the country, who may be presumed to possess a knowledge of the wants of the respective Districts, as well as of the means by, and the extent to which, Medical Relief is now afforded to the Sick Poor therein.

They have likewise sought such other sources of information as could be relied upon, one of which possesses peculiar claims to attention,—namely, the Reports of the Gentlemen employed by the Irish Poor Inquiry Commissioners, to investigate the state of the Medical Institutions in 1834, and to suggest such remedial measures, as they might deem to be necessary; and portions of these Reports are inserted in the Appendix.

App. C. No. 1.

App. B. No. 5, *p.* 41.

App. C. No. 2.

The Appendix also contains extracts from Petitions presented to Parliament, in the years 1837 and 1838, by the Medical Corporations, and from Resolutions and Petitions adopted at meetings of the Medical profession,—all tending to show the necessity of some Legislative interference, in order to ensure the good government and efficiency of the Medical Charities.

REMEDIAL MEASURES.

REMEDIAL MEASURES proposed.

The Commissioners now proceed to offer, for your Lordship's consideration, such suggestions as appear to be necessary for ensuring efficient Medical Relief to the Sick Poor throughout Ireland, and for preventing, as far as possible, the occurrence of destitution by the want of aid in this respect. In so doing they propose to confine their observations to *Dispensaries* and *Fever Hospitals*, persuaded that if these Institutions were satisfactorily distributed and efficiently conducted, the wants of the community would in a great measure be satisfied.

Dispensaries and Fever Hospitals.

Infirmaries.

For the Infirmaries, large County Grants may now be presented, irrespective of any subscriptions whatever. They are more under the immediate control of the County authorities than the Dispensaries and Fever Hospitals,

being in fact County not District Institutions. The Poor Law Commissioners are likewise already invested with certain powers in respect to Infirmaries, by the Irish Poor Relief Act, which they will endeavour faithfully to administer; and it is hoped that the powers there given will be found sufficient for the remedy of abuse and for securing good management in these Institutions.

When all the Workhouses shall have come into operation, it is moreover highly probable that a considerable number of the chronic cases which were previously treated in the Infirmaries will be absorbed by the Workhouses; and it may be presumed that the Infirmaries will thus become more useful to the class of Patients for which they are chiefly intended,—namely, those whose ailments are so urgent as to require intern Hospital accommodation. It may be desirable, however, that in Districts which are at a great distance from the Infirmary, a few Beds for Casualty Cases should be attached to the Fever Hospitals, for the purpose of supplying the want of Infirmary relief in the District.

Dependence of Medical Institutions upon voluntary subscriptions objectionable.

The principle of making the establishment of any class of Medical Institutions for the relief of the Sick Poor entirely contingent upon voluntary subscriptions, is, as before stated, obviously open to great objection. If no subscriptions are obtained, the Institution cannot be established, however necessary it may be; and if the amount of subscriptions be small, the relief afforded will be insufficient. It is evident also, that subscriptions will be more readily obtained in a District where there are many resident Proprietors and Gentry, than in one which is differently circumstanced; and yet there can be no doubt that the necessity for relief in the latter locality is greater than in the former. The resident Gentry will generally send their family Medical Attendant to visit their poorer Tenantry or neighbours, when afflicted by disease; but in Districts in which few or no wealthy persons reside, the Poor are deprived of this advantage, and therefore stand more in need of the relief afforded by Public Institutions.

If any doubts could exist as to the inequality with which Medical Relief is afforded, in wealthy, and in poor Districts, the Reports in the Appendix must remove them. These Reports show, that where there are many resident Gentry, the subscriptions are generally considerable, and that the reverse is the case where there are few. It appears also that when a sufficiency of subscriptions cannot be obtained in Districts where there are many resident Gentry, it generally arises, not from an indisposition to contribute, but from disunion and angry feelings, created by the appointment of the Medical Officer or some other cause.

Funds should be provided out of the Poor Rates.

Seeing, therefore, that the Subscription system is thus defective in principle, and productive of that want of harmony which unhappily too often exists in the management of Dispensaries and Fever Hospitals, and that it moreover does not ensure provision for a sufficient amount of relief, or for adequate arrangements in its distribution, the Commissioners recommend that subscriptions be altogether discontinued, and that the Funds requisite for these Institutions be raised as a portion of the Poor Rate.

Unequal pressure of burthen under the Subscription system would be remedied thereby.

The total annual income of Dispensaries and Fever Hospitals, arising from Subscriptions and County Grants, is £98,301; of this, £56,405 11*s.* 1½*d.* is raised by the latter means from the class of occupiers, and £41,896 3*s.* 10*d.* by the former. The proportions of this latter sum paid by Proprietors and by Occupiers respectively, cannot be accurately ascertained; but on an examination of the Subscription Lists, it does appear that at least one half is directly contributed by the latter, so that the Occupiers, at present, bear three fourths of the actual expense, or one fourth part more than they probably would have to bear under the proposed change of system; and to them, therefore, the change would operate as a relief.

Those persons who now contribute the least towards the Medical Charities, relatively to their property in the Country, are certain non-resident or occasionally non-resident Proprietors; although the subscriptions, by many of this class, are exceedingly liberal, and by some, very munificent. Those who do not now subscribe cannot be supposed to be influenced by any want of liberal or benevolent feelings; and there is every reason to believe, that when arrangements of a more satisfactory nature are established, the change will be acceptable to the Land Proprietors generally, as it would ensure for their smaller Tenantry, and for others dependent upon them, a full participation in the relief which many are now unable to obtain, or to obtain only in a manner far from satisfactory.

See Appendix.

Previously to the passing of the Irish Poor Relief Act, it appears that a compulsory Rate for the support of the several Medical Institutions, was contemplated by many enlightened members of the Medical Profession.

Remedial Measures.

But the necessary funds may now, it is considered, be more conveniently and economically raised and disbursed as a part of the Poor Rate, than by constituting a new and expensive machinery for the purpose. To carry an efficient system of Medical Relief into operation in every Union, it would be necessary in the first place, with respect to

I. Dispensaries.

DISPENSARIES.

Districts to be defined.

1. That each Dispensary District should be defined, and that it should consist of one or more Electoral Divisions, so as to comprise a sufficient area and population. It may, perhaps, be deemed desirable by some persons, that the maximum and minimum of the area and population should be fixed by the Legislature, but this does not appear to be essential, and may be safely left to the discretion of the several Boards of Guardians. It seems necessary, however, that in forming the Dispensary Districts, no Electoral Division should be divided; but as some of these are so large or so populous that one Medical Officer could hardly give sufficient attendance, the Local Authorities might be empowered to appoint a second Medical Officer where necessary.

Guardians to join in the management.

2. If the Funds for the Dispensaries be raised through the intervention of the Boards of Guardians, it would naturally follow, that as the representatives of the Rate-payers, the Guardians should form a portion of the local administration.

3. Each Union will usually comprise two, three, or more Dispensary Districts, and the Guardians of one District will generally have little connexion or intercourse with another; and it therefore seems desirable that the Board of Guardians collectively should not have the entire administration, nor be charged with the exclusive local management and regulation of all the Dispensaries within the Union.

Managing Committees.

4. The Ex-officio and Elected Guardians, and the Wardens for the Electoral Divisions of which the Dispensary District is composed, would form a good nucleus for a Managing Committee. These would still, probably, in most instances, be deemed too few; and it may, for many reasons, be advisable, that the Gentry and others connected with the District, but not Members of the Board of Guardians, should be associated with them. The Clergy are in general active promoters and supporters of these Charities; and although the Law declares them ineligible as Guardians, it appears advisable that they should, if Rate-payers, be eligible to act on these Local Committees, where their services would be most useful. The qualification might be that which is necessary for a Guardian.

Mode of appointing auxiliary Members of the Committees.

5. The Rate-payers to be so associated with the Guardians and Wardens of the Dispensary District, as a local Committee for managing the Dispensary, ought not perhaps to exceed in number what would be necessary to make the whole amount to thirteen. They ought to be chosen by the Board of Guardians, or else by the Rate-payers of the District. The former is a less troublesome process, and appears to be preferable; but the latter may be considered more in accordance with the principles on which the support of the Institution is proposed to be placed. It is believed that no material difficulty would be likely to occur in the selection of fit persons, by either mode of procedure.

Funds to be raised from entire District.

6. The Funds required for the support of the Dispensary should be raised off the Electoral Divisions of which its District would be composed, as a general charge upon the whole, and not by a separate charge on each Division.

II. Fever Hospitals.

FEVER HOSPITALS.

Districts to be defined.

1. With respect to Fever Hospitals, each District should be clearly defined, and ought, the Commissioners think, to consist of a certain number of Dispensary Districts. In most cases it would probably be found convenient to make it co-extensive with the Union, which generally is only of such an area as would admit of Patients being sent to the Hospital from all parts of it.

Remedial Measures.

2. In large Unions, however, or in those so formed that portions of them branch out to a great distance from the centre, it may be desirable that the remote Electoral Divisions should be empowered to unite with others belonging to an immediately contiguous Union, in the formation of a Fever Hospital District; but in no case should an Electoral Division be divided.

Expense to be a Union charge.

3. The expense of these Institutions should, it is considered, be a Union charge, whenever the Hospital is for an entire Union, as would most commonly be the case. When it is not so, and certain Electoral Divisions are formed into a separate Hospital District, the expense should be charged rateably upon the Electoral Divisions so included. The arrangement by which funds are now advanced for the erection of County Fever Hospitals, (under the 6 & 7 Wm. IV., c. 116, sec. 84,) ought to be continued, except only that the Unions should be charged with the re-payment of the Loan, instead of the County.

Management.

4. The local management of the Fever Hospitals, and of course the appointment of Medical Officers, would be most properly placed in the Board of Guardians, when the Hospital District is co-extensive with the Union; and in the Guardians of the Electoral Divisions included in an Hospital District, with the ex-officio Guardians residing therein, when the Hospital District is not co-extensive with the Union. These would, in either case, form a pretty numerous body, generally of from 20 to 30; and it does not therefore appear necessary to make any addition to them, as has been suggested in the case of Dispensaries.

Managing Committee.

5. It nevertheless seems desirable that power should be given to the Union Board of Guardians, or to the Guardians of the Fever Hospital District, as the case may be, to appoint a Committee for managing and superintending the Hospital, on which the Clergy, Gentry, or other Rate-payers, having Guardians' qualifications, might be eligible to act. A Committee of local Governors best adapted for the purpose, might thus be placed in charge of each Institution, who should report its state at the monthly or other meetings of the Board of Guardians, in which body the superintendence would be always vested:—the number to be selected for this Committee of local Governors, ought in no case perhaps to exceed thirteen.

Appointment of Medical Officers.

6. The election of Medical officers for the Fever Hospitals should, it is considered, be vested in the Board of Guardians, or in the Committee of Governors of the Hospital District, as the case may be.

7. The constituting of the entire Union into a Fever Hospital District, should be contingent upon the decision of a majority of the Board of Guardians; and in the same manner a Fever Hospital District, comprising certain Electoral Divisions, but not including an entire Union, should only be formed where the Guardians of the several Divisions proposed to be included had decided that it was necessary.

Provision for Casualty Cases in remote localities.

If Dispensary and Fever Hospital relief be thus provided for such of the Working Classes as may be considered fit objects, whilst the really destitute Poor, whether sick or otherwise, are admitted into the Workhouses,—the only remaining desideratum would be, the establishment of a few Casualty Beds in connexion with such Fever Hospitals as are situated in Districts very distant (say, 15 or 20 miles) from the County Infirmary. The expense of providing ten or a dozen beds in connexion with any such Hospital would not be considerable, and, in the first instance, might be met by Donations from the Land owners and Gentry of the District, aided possibly by subscriptions from the Working Classes themselves. The Patients might be treated by the Fever Hospital Staff, and would not therefore cause much increase of expense. The necessity for some such provision has been strongly pressed during the progress of the present Inquiry; and by reference to the Reports, it will be found that the Medical Gentlemen employed by the Irish Poor Inquiry Commissioners stated that similar representations were made to them, and that they recommended the establishment of a few such beds at proper distances from the County Infirmaries.

REMEDIAL MEASURES.

General controlling authority.

Supposing the arrangements hereinbefore indicated, and which are considered necessary for obtaining the requisite funds, and for ensuring good local administration for the *Dispensaries* and *Fever Hospitals*, to be established,—there will still remain a necessity for some general regulating and controlling authority, such as will ensure that these numerous and necessary Institutions shall be conducted on principles of efficiency and economy. If the funds required for their support be defrayed out of the Poor-rate, the several Boards of Guardians and the Poor Law Commissioners must be responsible for their application; and the Accounts of all such Institutions must be subject to the same Audit as the other accounts of the Unions.

General Medical Charities' Board.

The peculiar nature of these Charities, however, and their dependence upon and connexion with medical science, makes it highly desirable, if not absolutely necessary, that advantage should be taken of the knowledge of scientific Medical Practitioners, and of their acquaintance with the arrangements which such Institutions require. If a Board consisting of five or seven, selected from amongst the eminent Medical Practitioners residing in Dublin, were charged with the duty of suggesting and advising the necessary arrangements for the establishment and proper distribution of Dispensaries and Fever Hospitals, and for the due regulation and medical economy of these and the other Medical Institutions, there can be no doubt that it would be attended with important advantages, and would serve to impart efficiency to the whole machinery.

Its Functions.

To ensure the orderly working of such a *Medical Charities' Board*, and to prevent any conflict of authority between it and the Poor Law Commissioners, or the Guardians and Local Committees, its functions should be purely suggestive: it should recommend the steps to be taken in the formation and distribution of Dispensary and Fever Hospital Districts, and the regulations under which each of these classes of Medical Institutions should be conducted. It should also prescribe the form of Registries to be kept in every class of Medical Institutions, and the Returns to be made, in order that a general view might be annually given of the practice and results throughout the whole.

The general medical arrangements in the Unions, including the salaries, qualifications, and number of Medical Officers to be appointed in particular cases, as well as the regulations under which the several Dispensaries, Fever Hospitals, and Infirmaries, should be conducted, and according to which Vaccination could be most properly performed,—would all form subjects on which the advice and suggestions of the Medical Charities' Board would be of great use to the Commissioners, and to the respective Boards of Guardians and Local Committees.

The superior information which Medical Gentlemen, so selected, must necessarily possess, their professional character and position, and their well known desire to see the Medical Institutions of the Country so conducted as to give the most efficient relief to the Sick Poor, and be most conducive to the extension of medical science, (in which all classes of the community are deeply interested,) —would ensure for their suggestions the greatest weight with the Union Authorities, as well as with the public and the medical profession.

Periodical Meetings.

A weekly meeting of the Medical Charities' Board would probably be found sufficient, and would therefore interfere but little with the professional avocations of the Members; and it is believed that men of high standing and character would be disposed to act upon it, on public and professional grounds, if a reasonable sum were allowed them for each attendance: supposing this payment to be two guineas each, and that an average of four Members sat once a week at the Board, the whole amount of the remuneration would little exceed 400*l*: and with office and other charges, the entire expense could hardly amount to 1000*l*. per annum.

Inspection of Medical Institutions

An opinion very generally prevails, that an occasional inspection of the numerous Medical Institutions is necessary for ensuring good management; and in this opinion the Commissioners concur: as the expectation that such an inspection might at any moment take place, and that parties then found to have neglected their duties, would be liable to exposure, if not to dismissal, must stimulate attention, and serve to ensure regularity and efficiency. Such inspection is found to be requisite in other departments of the public service, and seems to be particularly called for in this. It is obvious from the nature of the duty, that these inspections can only be efficiently made by Medical Practitioners of character and standing, who possess energy and moral courage, fitting them for the faithful and fearless execution of the office.

Remedial Measures.

Appointment of Inspectors.

It has been supposed that four such Inspectors would be required, and a power to appoint that number might be given, subject to the approbation of the Lords of the Treasury; but the Commissioners think that two only need be appointed in the first instance. They are also of opinion that the expenses caused by the establishment of the Medical Charities' Board and by the appointment of these Inspectors, would be more than compensated by the efficiency which would be thereby imparted to the Medical Institutions.

Necessity of some controlling authority exemplified.

In proof that some inspection and control of these Charities are necessary, it may be stated, that in 1839, certain Returns from all the public Medical Institutions in Ireland were called for by the House of Commons. The Commissioners have examined these documents, which, even in their present state, are valuable; but nearly one-third of the Returns are so defective, that no useful information can be elicited from them. When an order of the House of Commons is productive of such a result, it seems that some more effective management of these Charities is imperatively called for.

Interests of existing Medical Officers.

It can scarcely be necessary to observe, that in any alteration that may be made in the Dispensary or Fever Hospital Districts, due regard should be had to the interests of the present Medical Attendants.

In framing this Report, the Commissioners have had the benefit of Mr. Phelan's assistance. The statistical information was arranged, and much of the other information was collected by him; and the Commissioners have ascertained that the statements contained in this Report are generally in accordance with his views on the subject of the Irish Medical Charities, to which, as is well known, he has devoted his attention for a series of years. Dr. Corr was united with Mr. Phelan in conducting the Inquiry in several of the Unions, but as the Commissioners had not the same opportunity of frequent personal communication with him whilst framing the Report, they deemed it right to request him to draw up a separate statement of his opinion on the subject. This he has accordingly done, and the Commissioners request your Lordship's attention to this document, (inserted in the Appendix) which, in all material respects, coincides with the views herein expressed. *App. B. No.* 12.

The Commissioners beg to subjoin the Heads of a Bill for the better regulation and support of the Medical Charities of Ireland, framed in conformity with the recommendations contained in this Report.

I have the honor to be,

My Lord,

Your Lordship's faithful

and obedient Servant,

(signed) GEORGE NICHOLLS,

Acting in Ireland as a Board of Poor Law Commissioners, pursuant to the 122nd Sec. of the Irish Poor Relief Act.

PROPOSED HEADS OF A BILL FOR THE BETTER REGULATION AND SUPPORT OF THE MEDICAL CHARITIES OF IRELAND: FRAMED IN CONFORMITY WITH THE RECOMMENDATIONS CONTAINED IN THE PRECEDING REPORT.

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1. PREAMBLE—for the better regulation of Medical Charities, and for the better distribution and support of Dispensaries and Fever Hospitals in Ireland.

2. Powers for raising Funds, &c., for Dispensaries and Fever Hospitals under existing Acts, to cease on a certain day, or when ordered under the hands and seal of the Poor Law Commissioners.

3. The Lord Lieutenant to appoint a "*Medical Charities' Board,*" to be composed of not more than seven, nor less than five Physicians or Surgeons.

4. The Medical Charities' Board empowered to inspect and inquire into the state of, and Medical Practice at, the several Medical Institutions in Ireland,

5. Medical Charities' Board to have an office, and to appoint a Secretary, Clerks, &c., with consent of the Lord Lieutenant.

6. Medical Charities' Board empowered to order Returns of the income, expenditure, number of Patients treated, and the bye-laws and regulations by which each Institution is conducted.

7. Medical Charities' Board to be furnished by the Poor Law Commissioners with copies of the Reports made to them under the 46th Section of the Irish Poor Relief Act.

8. Medical Charities' Board within Six Months after its appointment, to frame Rules and Regulations, and to alter them from time to time, for the Medical Practice and Economy of each class of Medical Institutions, and to send a copy of all such Rules to the Lord Lieutenant, and the Poor Law Commissioners.

9. Medical Charities' Board empowered to obtain from Medical Officers, quarterly and other Returns, of the state of Disease in each Infirmary, Dispensary, and Fever Hospital District, to make a digest of the whole, and to make a Report thereon, half-yearly or annually, to the Poor Law Commissioners, to be laid before the Secretary of State.

10. Medical Charities' Board, on the application of Poor Law Commissioners, to report its opinion of the number of Dispensaries necessary in any Union.

11. Poor Law Commissioners empowered to direct Boards of Guardians, within Two Months after receipt of such Report, to divide the Union into Dispensary Districts.

12. The Boards of Guardians empowered to appoint Rate-payers, having Guardians' qualifications, in each Dispensary District, to act conjointly with the ex-officio and the elected Guardians, and the Wardens of the District, as a Committee of Governors of the Dispensary established or to be established therein—such Committee not to exceed thirteen.

13. The Committee of Dispensary Governors to forward to the Board of Guardians of the Union, half-yearly, an estimate of the expense of the Institution for the ensuing Six Months.

14. Boards of Guardians empowered to charge upon the Electoral Division or Divisions, comprised in a Dispensary District, the cost of providing and supporting such Dispensary, to be defrayed out of the Rate levied for the relief of the poor.

15. Medical Charities' Board, on application of Poor Law Commissioners, to report on the amount of Fever Hospital accommodation deemed to be necessary in any Union, and on the best mode of providing the same.

16. Board of Guardians empowered to form the Union into a Fever Hospital District, and to provide such Hospital accommodation as the wants of the Union may appear to require; and to appoint, annually, a Governing Committee, to consist of such Guardians, and of such Rate-payers residing within five miles of the Hospital and having Guardians' qualifications, as the Board of Guardians shall determine; provided that the total number of Governors on such Committee shall, in no case, exceed thirteen.

17. The Poor Law Commissioners empowered, with consent of a majority of the elected Guardians, and of the resident ex-officio Guardians, to form one or more Electoral Division or Divisions of a Union, or of adjoining Unions, into a Fever Hospital District; the elected Guardians for such Hospital District and the ex-officio Guardians residing therein to constitute a Committee of Governors, with power to appoint, annually, other Rate-payers to be members of such Committee, as in the case of Dispensary Districts, and to provide such Hospital accommodation as may be deemed to be necessary for the District so formed.

18. Committee of Governors of any Fever Hospital, situate at a distance of not less than 20 miles from the Infirmary of the County in which such Hospital is situated, empowered with consent of the Board of Guardians, to establish —— beds for serious Surgical cases, in connexion with the Hospital; provided the same be recommended by the Medical Charities' Board, and sanctioned by the Poor Law Commissioners.

19. The Committee of Fever Hospital Governors to forward to the Board of Guardians of the Union or Unions to which the Electoral Divisions comprised in the said Fever Hospital District belong, an Estimate, half yearly, of the expense of the Institution for

the ensuing six months. The cost of maintaining every such Institution to be a general charge upon the Poor Rates of the several Electoral Divisions comprised in the Fever Hospital District.

20. Boards of Guardians and Committees of Fever Hospital Governors authorised to obtain funds for the erection of a Fever Hospital, or for altering or repairing an existing Fever Hospital, as under the 6 & 7 Wm. IV. cap. 116, sec. 84, and to charge the rates of the whole of the Fever Hospital District for its repayment.

21. Committees of Governors of Dispensaries and Fever Hospitals empowered to manage the affairs of these Institutions, and to appoint Medical Officers to attend the same.

22. The appoinment of no Medical Officer to be sanctioned, until after his qualifications have been presented to, and he has been declared to be eligible by, the Medical Charities' Board.

23. Medical Charities' Board authorised to ascertain the Diploma, Degree, License, or Certificate of all Medical Officers, who, at the passing of this Act, are in the receipt of Salaries for attending Medical Institutions, supported solely or in part by public funds.

24. The Lord Lieutenant empowered to appoint not more than (4) Physicians or Surgeons of not less than seven years' standing, to inspect Dispensaries, Fever Hospitals, Infirmaries, Lunatic Asylums, and other Medical Institutions, supported wholly or in part by public funds, when and as directed by the Medical Charities' Board,—each Inspector to be paid such salary, and to be allowed such travelling expenses, as the Lord Lieutenant shall determine. Such Medical Inspectors not to be engaged in private or public practice.

25. Members of the Medical Charities' Board to be ex-officio members of the General Board of Health for Ireland.

APPENDIX.

Appendix (A.)

APPENDIX (A.)

STATEMENTS of the MEDICAL CHARITIES GENERALLY in Ireland.

[*Note with reference to the following Tables, and those appended to the several subsequent Reports:—*

From the difficulty of obtaining accurate Fiscal Returns from several of these Institutions, the totals do not always correspond with the amount obtained by Subscriptions, County Grants, and other sources. Frequently the two former items do not correspond with those given in the Grand Jury Returns. This discrepancy is caused by the Subscription of one year, and the County Grant of another, being entered in the Treasurer's accounts as the income of the same year.]

No. 1. Number, Revenue, &c. of Dispensaries, in Ireland, in 1839.

No. 1.

STATEMENT of the NUMBER, REVENUE, &c., of DISPENSARIES, in each COUNTY in IRELAND, in the Year 1839.

County.	No. of Dispensaries.	INCOME. Subscriptions. £ s. d.	Grand Jury Presentment. £ s. d.	Total. £ s. d.	Area of County in Square Miles.	Population of County.	Square Miles to Dispensary.	Population to Dispensary.
Antrim,	18	654 5 0	654 5 0	1,308 10 0	1,160	316,909	64	17,606
Carrickfergus,	1	8 6 0	8 6 0	16 12 0	26	8,706	26	8,706
Armagh,	16	991 18 6	991 18 6	1,983 17 0	513	220,134	32	13,752
Carlow,	8	294 2 0	294 2 0	588 4 0	343	81,988	43	10,248
Cavan,	16	685 2 5	685 2 5	1,370 4 10	740	227,933	46	14,246
Clare,	25	1,192 16 9	1,192 16 9	2,385 13 6	1,254	258,322	50	10,335
Cork,	59	3,385 19 9½	3,309 14 6	6,645 14 3½	2,695	703,716	46	11,927
Cork City,	4	453 13 6	453 13 6	907 7 0	70	107,016	18	26,754
Donegal,	27	1,486 7 8	1,486 7 8	2,972 15 4	1,820	289,149	67	10,709
Down,	15	880 1 9	880 1 9	1,760 3 6	955	352,012	63¾	23,468
Drogheda Town,	–	- - -	- - -	- - -	9	17,365	–	–
Dublin,	28	1,671 2 6	1,291 0 0	2,962 2 6	375	176,012	13	6,286
Dublin City,	8	612 1 8	598 11 10	1,210 13 6	13	204,155	1⅝	25,519
Fermanagh,	13	715 13 1½	715 13 1½	1,431 6 3½	736	149,763	56⅝	11,520
Galway,	25	1,976 13 0	1,976 13 0	3,953 6 0	2,321	381,564	93	15,262⅛
Galway Town,	1	125 0 0	125 0 0	250 0 0	39	33,120	39	33,120
Kerry,	23	1,352 8 2½	1,352 8 2½	2,704 16 5	1,795	263,126	78	11,440¼
Kildare,	15	862 10 6	862 10 6	1,725 1 0	613	108,424	40	7,228
Kilkenny,	20	1073 0 2	1,072 10 5	2,145 10 7	768	169,945	38	8,497¼
Kilkenny City,	1	52 6 0	52 6 0	104 12 0	35	23,741	35	23,741
King's County,	12	589 19 3	589 19 3	1,179 18 6	825	144,225	68	12,018¾
Leitrim,	7	307 15 11	307 15 11	615 11 10	657	141,524	94	20,218
Limerick,	27	1,637 5 10	1,637 5 10	3,274 11 8	1,001	248,801	37	9,215
Limerick City,	1	119 11 0	146 10 9	265 1 9	53	66,554	53	66,554
Londonderry,	19	940 19 9	940 19 9	1,881 19 6	810	222,012	42⅝	11,685
Longford,	5	277 2 0	247 5 0	524 7 0	412	112,558	82	22,511⅛
Louth,	8	425 15 3	425 15 3	851 10 6	313	107,481	32	13,435
Mayo,	22	1,541 10 0	1,541 10 0	3,083 0 0	2,117	366,328	96	16,651¼
Meath,	27	1,251 3 4	1,198 12 4	2,449 15 8	886	176,826	33	6,545⅛
Monaghan,	11	476 3 7½	476 3 7½	952 7 3	511	195,536	46	17,776
Queen's County,	15	871 18 4½	871 18 4½	1,743 16 9	620	145,851	41	9,723⅜
Roscommon,	17	965 11 0	965 11 0	1,931 2 0	949	249,613	56	14,683
Sligo,	10	732 12 7½	732 15 7½	1,465 8 3	710	171,765	71	19,176⅛
Tipperary,	36	1,939 1 2	1,939 1 2	3,878 2 4	1,583	402,563	44	11,126⅔
Tyrone,	21	1,066 0 5	1,066 0 5	2,132 0 10	1,178	304,468	56	14,498⅛
Waterford,	12	694 17 5	774 11 11	1,469 9 4	721	148,233	60	12,352¾
Waterford City,	1	53 13 3	53 13 3	107 6 6	15	28,821	15	28,821
Westmeath,	17	607 19 3	607 19 3	1,215 18 6	603	136,872	35½	8,051⅛
Wexford,	16	954 13 1⅛	954 13 1	1,909 6 2	882	182,713	55	11,419⅛
Wicklow,	13	851 13 0	851 13 0	1,703 6 0	773	121,557	59½	9,350½
Total,	620	34,727 14 1½	34,332 15 11½	69,060 10 1	—	—	—	—

No. 2.

STATEMENT of the NUMBER, REVENUE, &c. of the FEVER HOSPITALS, in each COUNTY in IRELAND, in the Year 1839.

APPENDIX (A.)

No. 2.
Number, Revenue, &c., of the FEVER HOSPITALS in Ireland, in 1839.

COUNTY.	No. of Fever Hospitals.	INCOME. Subscriptions. £	s.	d.	Grand Jury Presentment. £	s.	d.	Total. £	s.	d.	Area of County in square Miles.	Population.	Square Miles to each Fever Hospital.	Population to Fever Hospital.	No. of Intern Patients admitted.	Proportion of Interns to Population.
Antrim, .	2	1,004	6	1	450	0	0	1,454	6	1	1,186	325,615	593	162,807	1,971	1 to 165⅛
Armagh, .	0	* 42	10	0	* 85	0	0	127	10	0	513	220,134	513	220,134	–	—
Carlow, .	4	34	6	11	699	0	3	733	7	2	343	81,988	86	20,499	550	1— 37¼
Cavan, .	2	228	16	7	550	0	0	778	16	7	740	227,933	370	113,966	609	1— 18
Clare, .	1	–	–	–	1,700	0	0	1,700	0	0	1,254	258,322	1,254	258,322	1,673	1— 154
Cork, .	13	832	2	2½	1,541	1	7	2,373	3	9½	2,695	703,716	207	54,132	2,414	1— 291½
Cork City, .	1	336	18	0	1,550	0	0	1,886	18	0	70	107,016	70	107,016	1,970	1— 54⅜
Donegal, .	1	–	–	–	–	–	–	–	–	–	1,820	289,149	1,820	289,149	63	1—4589¾
Down, .	3	223	1	2	456	2	4	679	3	6	955	352,012	477	176,006	360	1— 977⅜
Dublin, .	2	171	4	0	75	0	0	246	4	0	375	176,012	187½	88,006	317	1— 555
Dublin City, .	2	178	6	6	–	–	–	†3,978	6	6	13	204,155	6½	102,077½	5,358	1— 38 1/10
Galway & Town	2	131	0	0	562	0	0	693	0	0	2,360	414,684	1,180	207,342	647	1— 641
Kerry, .	2	–	–	–	511	14	0	511	14	0	1,895	263,126	897½	131,563	1,512	1— 167½
Kildare, .	3	290	10	7	581	1	2	871	11	9	613	108,424	204⅓	36,141	212	1— 511½
Kilkenny, .	5	132	4	4	814	8	8	946	13	0	803	193,686	154	33,989	1,661	1— 102⅛
King's County,	2	143	15	4	287	10	8	431	6	0	825	144,225	412½	72.112	420	1— 343⅓
Limerick, .	4	345	15	6	1,691	11	0	2,037	6	6	1,001	248,801	250¼	62,200	770	1— 323⅛
Limerick City,	1	36	4	6	1,200	0	0	1,236	4	6	53	66,554	53	66,554	3,467	1— 91
Londonderry,‡	1	–	–	–	224	18	5	224	18	5	810	222,012	810	222,012	307	1— 723⅛
Mayo, .	1	205	6	0	410	12	0	615	18	0	2,117	366,328	2,117	366,328	163	1—2247
Meath, .	3	73	14	6	1,000	0	0	1,073	14	6	886	176,826	295⅓	58,942	992	1— 178
Monaghan, .	4	523	10	0	1,036	10	0	1,560	0	0	511	195,536	128	48,884	218	1— 900
Queen's County,§		–	–	–	–	–	–	–	–	–	620	145,851	620	145,851	–	—
Sligo, .	1	–	–	–	500	0	0	500	0	0	710	171,765	710	171,765	524	1— 327½
Tipperary, .	12	1,128	19	10	2,476	19	11	3,605	19	9	1,583	402,563	132	33,547	6,227	1— 64⅔
Tyrone, .	1	89	4	6	178	9	0	267	13	6	1,178	304,468	1,178	304,468	225	1—1353½
Waterford, .	3	321	17	0	467	4	0	789	1	0	721	148,233	240	49,411	775	1— 191⅓
Waterford City,	1	99	16	0	500	0	0	599	16	0	15	28,821	15	28,821	488	1— 55
Westmeath, .	1	64	6	0	128	12	0	192	18	0	603	136,872	603	136,872	62	1—2207½
Wexford, .	7	530	14	2	1,561	8	5	2,092	2	7	882	182,713	126	26,102	2,228	1— 82
Wicklow, .	6	–	–	–	833	11	9	833	11	9	773	121,557	129	20,259	801	1— 151¾
Total,	91	7,168	9	8½	22,072	15	2	3,3041	4	10½	—	—	—	—	36,984	1— 209⅛

* For the Newry Fever Hospital.
† A Parliamentary Grant of £3,500 is included in this total.
‡ The Patients are registered as Infirmary cases.
§ The Fever Patients admitted into the County Infirmary and registered as Infirmary Patients.

APPENDIX (A.)

No. 3.
Table showing the number of Patients admitted into the several FEVER HOSPITALS in Ireland, &c.

No. 3.

TABLE showing the NUMBER of PATIENTS admitted into the several FEVER HOSPITALS in Ireland, from within certain defined boundaries respectively, in the year 1840, the rate of MORTALITY, and the annual average COST per Patient, in each Hospital, in the year 1839.

COUNTY.	Name and Locality of each Fever Hospital.	Number of Intern Patients admitted.				Died.	Rate of Mortality per cent.	Average Cost per Patient, in 1839.		
		From a distance within 5 Miles.	From 5 to 10 Miles.	From more than 10 Miles.	Total.			£	s.	d.
ANTRIM	Belfast	1,853	6	3	1,862	199	11	1	3	2¼
,,	Lisburn	268	46	13	327	33	10	1	5	5
CARLOW	Bagnalstown	117	24	6	147	8	5	–	–	–
,,	Borris	292	4	6	302	9	3	–	–	–
,,	Carlow	202	8	–	210	25	12	–	–	–
,,	Tullow	185	43	–	228	17	8	–	–	–
CAVAN	Cavan	400	159	100	659	66	10	–	–	–
,,	Cootehill	164	–	–	164	11	7	–	–	–
CLARE	Ennis	675	534	464	1,673	101	–	0	19	0½
CORK CITY	City of Cork	2,136	286	19	2,441	136	10	0	15	2
CORK	Bandon	261	6	–	267	10	4	–	–	–
,,	Buttevant	185	13	9	207	15	7	–	–	–
,,	Castlelyons	233	8	4	245	7	3	–	–	–
,,	Castlemartyr	85	64	–	149	8	6	–	–	–
,,	Charleville	312	87	151	550	20	4	–	–	–
,,	Cove	86	2	1	89	6	7	3	10	8¾
,,	Fermoy	291	15	–	306	9	3	–	–	–
,,	Kinsale	163	–	–	163	6	4	–	–	–
,,	Mallow	396	–	–	396	12	3	–	–	–
,,	Middleton	243	22	–	265	14	5	–	–	–
,,	Mitchelstown	166	44	15	225	8	3½	–	–	–
,,	Newmarket	176	16	–	192	9	4½	–	–	–
,,	Youghal	81	4	2	87	7	8	–	–	–
DONEGAL	Letterkenny	27	9	–	36	6	17	–	–	–
DOWN	Hillsboro'	82	–	–	82	–	–	–	–	–
,,	Downpatrick	166	138	23	327	25	8	1	16	6½
ARMAGH	Newry	325	30	5	360	18	5	1	9	10
DUBLIN	Rathdown	100	89	0	189	–	–	0	16	5
,,	Drumcondra	128	–	–	128	8	6	–	–	–
,,	Meath Hospital	395	131	–	526	58	11	–	–	–
DUBLIN CITY	Cork-street	4,933	–	–	4,933	384	7⅘	–	–	–
,,	Hardwick	1,363	308	–	1,671	140	8⅜	–	–	–
GALWAY	Ballinasloe*	71	5	3	79	4	5	2	0	0½
,,	Galway	526	32	10	568	54	10	–	–	–
KERRY	Caherciveen	291	127	115	533	9	2	–	–	–
,,	Tralee	413	267	72	752	23	3	–	–	–
KILDARE	Kilcullen	183	14	6	203	13	6	–	–	–
,,	Leixlip & Celbridge	30	–	–	30	1	3⅓	7	14	7
,,	Naas	128	55	51	234	15	6	–	–	–
KILKENNY	Castlecomer	131	–	–	131	4	3	1	13	1¼
,,	Freshford	185	14	28	227	9	4	0	9	8¼
,,	Ida	72	37	–	109	4	3¾	–	–	–
,,	Kells & Stoneyford	157	10	–	167	5	3	–	–	–
,,	Kilkenny	863	307	33	1,203	87	7¼	0	13	5¾
,,	Kilmaganny	118	10	2	130	7	5	0	17	6
KING'S COUNTY	Parsonstown	280	90	10	380	28	8	–	–	–
,,	Shinrone	115	1	–	116	9	8	0	14	7
LEITRIM	Mohill	Hospital not established.			–	–	–	–	–	–
LIMERICK	Adare	204	9	2	215	9	4	0	16	6
,,	Kilfinnan	213	9	2	224	5	2½	–	–	–
,,	Newcastle	250	50	54	354	9	2½	0	18	6
,,	Rathkeale	180	40	6	226	9	4	1	0	7½
LIMERICK CITY	St. John's, Limerick	1,630	507	311	2,448	155	Nearly 6	0	15	6¼
LONDONDERRY	Londonderry	357	–	–	357	34	10	–	–	–
MAYO	Ballina	138	12	5	155	2	1⅓	–	–	–
,,	Castlebar	Not established.			–	–	–	–	–	–
MEATH	Kells	244	166	27	437	19	4¼	1	15	2¾
,,	Navan	430	111	14	555	46	8¼	0	18	5¼
,,	Trim	This Hospital is being erected.			–	–	–	–	–	
MONAGHAN	Carrickmacross	Hospital about to be built.			–	–	–	–	–	–
,,	Castleblaney	65	1	–	66	4	6	1	6	9¾
,,	Clones	261	6	–	267	16	6	–	–	–
,,	Glasslough	142	22	–	164	7	4	0	13	0
SLIGO	Sligo	660	130	61	851	33	4	–	–	–
TIPPERARY	Borrisokane	85	43	5	133	8	6	0	18	8
,,	Cahir	220	11	–	231	7	3	–	–	–
,,	Carrick-on-Suir	366	102	35	503	38	7½	1	13	5
,,	Cashel	200	148	50	398	18	6	0	13	5½
,,	Clogheen	320	–	–	320	12	5	–	–	–
,,	Clonmel	1,227	29	3	1259	67	5¼	–	–	–
,,	Cloughjordan	172	–	1	173	18	10	1	3	2¼
,,	Nenagh	1,184	278	102	1,564	134	8½	0	15	1¾

* This Hospital is now closed.

[continued—

No. 3—*continued.*

APPENDIX (A.)

No. 3.

Table showing the proportion of Patients admitted from the several Counties in Ireland, &c.

TABLE showing the NUMBER of PATIENTS admitted into the several FEVER HOSPITALS in IRELAND, &c.—*continued.*

County.	Name and Locality of each Fever Hospital.	Number of Insane Patients admitted				Died.	Rate of Mortality per cent.	Average Cost per Patient, in 1839.		
		From within a Distance of 10 Miles.	From beyond the Distance of 10 Miles.	From parts unknown.	Total.			£	s.	d.
Tipperary	Roscrea	454	15	5	474	38	8	1	5	4½
"	Templemore	258	–	–	258	9	3½	–	–	–
"	Tipperary	405	17	–	422	24	5½	–	–	–
"	Thurles	260	206	1	467	24	5½	–	–	–
Tyrone	Omagh	387	139	4	530	30	5½	1	5	5½
Waterford	Dungarvan	131	47	1	179	27	15	3	4	8
"	Lismore	140	3	–	143	7	4	1	8	8
"	Tallow	205	39	–	244	10	5	0	10	8
"	Waterford	544	104	69	717	24	3½	1	7	8½
Westmeath	Castlepollard	102	7	1	110	8	7	2	16	10
Wexford	Arthurstown	260	–	–	260	4	1½	–	–	–
"	Enniscorthy	249	79	9	337	28	8½	–	–	–
"	Gorey	136	–	–	136	10	7	–	–	–
"	New Ross	473	14	12	501	60	12	–	–	–
"	Newtownbarry	129	–	–	129	4	3	–	–	–
"	Ogbert	86	22	20	128	5	4	–	–	–
"	Wexford	449	225	14	708	61	7½	–	–	–
Wicklow	Arklow	127	88	21	236	7	3	–	–	–
"	Bray	43	–	–	43	3	7	4	14	11
"	Enniskerry	101	7	–	108	3	3	2	13	4
"	Delgany	110	8	–	120	9	7½	–	–	–
"	Stratford	170	19	–	189	10	5	–	–	–
"	Wicklow	250	102	19	371	17	4½	–	–	–
		10,870	5,790	2,034	41,694	2,579	Mean 6¼	–	–	–

No. 4.

TABLE showing the NUMBER, REVENUE, &c., of INFIRMARIES in IRELAND, in the Year ended 31st March, 1840.

County.	Number of Infirmaries.	INCOME.												EXPENDITURE.											
		Subscriptions.			Grand Jury Presentments.			Parliamentary Grant.			Miscellaneous.			Total.			Amount of Debt.	Amount of Salaries.		Amount of Provisions.		Amount of Medicines.		Amount of Repairs.		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	£	s.	£	s.	£	s.	£	s.	d.
Antrim	1	71	7	4	500	0	0	83	1	11	61	3	4	716	12	2	1,000	1,000	0	1,000	0	0	0	500	0	0
Armagh	1	146	19	6	500	0	0	83	1	11	402	4	9½	1,132	5	7½	2,000	2,000	0	90	0	0	0	500	0	0
Carlow	1	10	15	0	400	0	0	83	1	11	1	13	11½	501	10	9½	1,000	1,000	0	100	0	0	0	500	0	0
Cavan	1	4	6	8	500	0	0	83	1	11	140	3	0½	728	10	10½	1,000	1,000	0	100	0	0	0	500	0	0
Clare	1	5	6	8	1,000	0	0	83	1	11	318	8	8	1,408	16	6	1,254	350	0	1,000	0	0	0	500	0	0
Cork	1	87	17	6	500	0	0	83	1	11	86	14	0	758	12	10	2,000	1,000	0	1,000	0	0	0	500	0	0
Cork, City	2	428	13	2	1,000	0	0	90	14	0	700	5	5	2,619	10	7	0	0	0	50	0	0	0	2,000	0	0
Donegal	1	22	1	0	500	0	0	83	1	11	573	9	6	1,179	12	4	1,000	1,000	0	1,000	0	0	0	500	0	0
Down	1	85	4	0	200	15	0½	83	1	11	228	15	10	596	17	0½	1,000	1,000	0	1,000	0	0	0	500	0	0
Drogheda Town	1	26	5	0	177	0	0	83	6	1	149	1	6	436	12	8	0	0	0	50	0	0	0	50	0	0
County Dublin	1	861	1	0	500	16	10	83	1	11	347	13	3	1,806	13	0	0	0	0	170	0	0	0	100	0	0
City of Dublin	4	866	18	10	1,000	0	0	166	9	3	1,472	0	11	4,779	7	6	0	0	0	0	0	0	0	0	0	0
Fermanagh	1	–	–	–	1,000	0	0	83	1	11	28	2	9	1,114	4	7	7,000	1,000	0	700	0	0	0	500	0	0
Galway	1	8	6	8	400	16	0	83	1	11	304	3	1½	797	7	10½	2,322	382	0	2,000	0	0	0	500	0	0
Kerry	1	–	–	–	700	0	0	83	1	11	4	13	6½	789	15	4½	1,736	2,000	0	1,000	0	0	0	500	0	0
Kildare	1	70	2	0	500	0	0	83	1	11	66	0	6	720	4	4	0	0	0	0	0	0	0	0	0	0
Kilkenny	1	29	8	0	400	0	0	83	1	11	79	3	4½	597	13	2½	0	0	0	0	0	0	0	0	0	0
King's	1	9	9	0	500	16	10	83	1	11	26	9	5½	646	17	4½	0	0	0	0	0	0	0	0	0	0
Leitrim	1	21	0	0	500	16	1	83	1	11	–	–	–	606	17	11	0	0	0	0	0	0	0	0	0	0
Limerick	1	109	14	0	1,000	0	0	83	1	11	306	2	11	1,501	18	9	0	0	0	0	0	0	0	0	0	0
City of Limerick	1	79	17	6	200	0	0	83	1	11	234	18	10	598	18	2	50	0	0	50	0	0	0	50	0	0
Co. Londonderry	1	171	2	0	1,000	0	0	83	1	11	68	3	3	1,323	7	1	0	0	0	0	0	0	0	0	0	0
Longford	1	48	3	0	400	0	0	83	1	11	41	19	8½	573	4	6½	0	0	0	0	0	0	0	0	0	0
Louth	1	44	17	4	461	16	8	83	1	11	51	13	6	702	3	1	313	107	4	313	107	4	0	468	0	0
Mayo	1	18	3	4	800	0	0	83	1	11	229	13	0	1,132	17	10	2,000	0	0	0	0	0	0	500	0	0
Meath	1	5	3	4	350	16	11	83	1	11	54	18	9	494	19	9	0	0	0	0	0	0	0	0	0	0
Monaghan	1	–	–	–	800	0	0	83	1	11	284	13	2	1,167	15	4	0	0	0	0	0	0	0	0	0	0
Queen's	1	102	15	0	999	0	0	83	1	11	97	15	10	1,284	13	5	0	0	0	0	0	0	0	0	0	0
Roscommon	1	25	1	0	1,000	0	0	83	1	11	109	4	3½	1,218	7	1½	0	0	0	0	0	0	0	0	0	0
Sligo	1	15	10	0	900	0	0	83	1	11	64	7	4	1,064	5	2	714	171	7	700	171	7	0	250	0	0
Tipperary	1	106	11	0	799	16	0	83	1	11	98	0	3	1,088	11	1	1,583	482	5	1,583	482	5	0	990	1	0
Tyrone	1	12	12	0	700	0	0	83	1	11	13	1	3	812	15	1	1,175	304	4	1,175	304	4	0	272	1	10
Waterford	–	No County Infirmary.																								
Westmeath	1	33	12	0	400	15	0½	83	1	11	31	17	4	571	0	4½	0	0	0	0	0	0	0	400	0	0
Wexford	1	6	6	0	500	0	0	83	1	11	147	7	0	737	15	11	882	192	7	882	192	7	0	245	0	0
Wicklow	2	43	1	0	1,000	0	0	83	1	11	100	5	2	1,227	12	0	779	0	0	779	68	7	0	462	0	0
																										Mean.
	49	2,877	6	4	33,492	4	7	4,072	9	8	9,063	11	9	49,507	11	10	–	–	–	–	–	–	–	15,337	0	4½

APPENDIX (A.)

No. 5.
Table showing the number of Intern Patients admitted from certain distances into each INFIRMARY in Ireland, &c.

No. 5.

TABLE showing the NUMBER of INTERN PATIENTS admitted from certain DISTANCES into each INFIRMARY in Ireland, and the rate of MORTALITY per cent. in the year 1840, and the Average Annual COST per Patient in each Infirmary, in the year 1839.

COUNTY.	Name and Locality of each Infirmary.	Number of Intern Patients admitted.				Died.	Rate of Mortality per 100.	Average Cost per Patient, in 1839.		
		From a distance within 5 Miles.	From 5 to 10 Miles.	From more than 10 Miles.	Total.			£	s.	d.
ANTRIM -	Lisburn - - -	189	173	52	414	22	5½	1	19	0½
ARMAGH -	Armagh - -	379*	212	50	641	21	3	2	0	4¾
CARLOW -	Carlow - -	85	58	40	183	3	1¾	3	1	8½
CAVAN - -	Cavan - - -	256*	128	129	513	15	3	1	8	5¾
CLARE - -	Ennis - - -	291	176	283	750	34	4½	1	15	6¼
CORK - -	Mallow - -	112	84	111	307	20	6½	2	1	1¼
CORK CITY -	North Cork - -	673	51	170	894	39	4	1	6	1½
,,	South Cork - -	410	83	265	758	38	5	2	1	3
DONEGAL -	Lifford - -	68	65	141	274	33	12	4	15	11½
DOWN - -	Downpatrick -	144	89	108	341	14	6	2	17	7¼
DUBLIN -	Meath Hospital }	530	192	192	914	34	3¾	1	9	9½
,,	City of Dublin }									
DUBLIN CITY	Dublin, City - -	472	–	–	472	36	7⅔	2	14	7
,,	Incurable - -	13	–	–	13	12	–	17	17	1¼
,,	Jervis-street - -	586	–	–	586	31	5 3/10	1	10	4
,,	Mercer's - -	712	–	–	712	44	6⅛	1	5	7
FERMANAGH -	Enniskillen - -	169*	85	84	338	9	3⅛	3	3	8¼
GALWAY -	Galway - -	184*	92	91	367	9	2¼	3	8	1¼
KERRY - -	Tralee - -	216	24	66	306	15	5	2	12	5¾
KILDARE -	Kildare - -	178	190	71	439	18	4	2	11	8¾
KILKENNY -	Kilkenny - -	225*	112	113	450	32	7⅛	1	13	11¾
KING'S - -	Tullamore - -	146	76	174	396	12	3	1	11	6
LEITRIM -	Carrick-on-Shannon	226*	113	113	452	4	Nearly 1	2	0	10¼
LIMERICK -	Limerick - -	211	222	402	835	47	5⅛	2	4	3¾
LIMERICK CITY	Limerick City -	214	2	1	217	26	12	1	17	5½
LONDONDERRY	Derry - - -	750	13	317	1,080	63	6	1	15	1¾
LONGFORD -	Longford - -	150	150	–	300	4	1⅓	3	5	0¾
LOUTH - -	Drogheda - -	70	–	–	70	9	13	6	0	11¼
,,	Dundalk - -	232	175	45	452	18	4	1	16	4½
MAYO - -	Castlebar - -	206	158	124	488	19	4	2	8	4½
MEATH - -	Navan - - -	119	126	54	299	18	6	3	5	7¾
MONAGHAN -	Monaghan - -	172*	172	55	399	20	5	2	11	1½
QUEEN'S -	Maryboro' - -	367*	546	215	1,128	68	6	1	11	4½
ROSCOMMON -	Roscommon - -	197	172	155	524	19	3⅔	2	0	7
SLIGO - -	Sligo - - -	195	174	82	451	18	4	2	11	9¼
TIPPERARY -	Cashel - - -	158	149	72	379	20	5	2	18	6¾
TYRONE -	Omagh - -	126*	82	64	272	20	7⅓	5	13	3
WATERFORD CITY	Waterford - -	515	–	–	515	31	6	1	19	9
WESTMEATH -	Mullingar - -	200	230	32	462	11	2⅓	1	7	1⅓
WEXFORD -	Wexford - -	98	56	59	213	12	6	3	2	2⅓
WICKLOW -	Baltinglass - -	49	32	–	81	3	2¾	4	8	6
,,	Wicklow - -	164	100	40	304	20	6½	1	13	4½
	41	10,457	4,562	,970	18,989	866	Mean 4 1/16	2	9	10½

* As the Officers of these six Institutions, owing to the Patients' residences not being entered in the Registry, could not give an accurate Return, it is assumed that one-half are supplied from the first District, and the second half from the other two, in about equal proportions. Those from the Monaghan, Maryboro', and Omagh Infirmaries, are calculated from inquiries made when they were inspected, and from such further information as could be obtained. The same may be observed of the Meath Hospital.

APPENDIX B.

INSTRUCTIONS of the Poor Law Commissioners, and REPORTS of Assistant Commissioners on the Medical Charities of Unions in Ireland.

Instructions to Assistant Commissioners.

Instructions of the Poor Law Commissioners to the Assistant Commissioners for pursuing the Inquiry into the Medical Charities.

No. 1.

No. 1. Letter to Denis Phelan, Esq.

Letter from the Commissioners to Denis Phelan, Esq., Assistant Poor Law Commissioner,— dated 6th February, 1840.

Poor Law Commission Office, Dublin.
February 6, 1840.

Sir,

1. The Poor Law Commissioners have had under consideration your Letter of the 4th instant, detailing your proceedings at Trim and Navan, with a view of providing suitable Medical Aid for the Sick Poor, and in which also is embodied much of the matter in reference to the existing Medical Institutions, which came under discussion when you attended the Board on the 1st instant.

2. The Commissioners have not been unmindful of the duties devolved upon them by the 46th and 47th Clauses of the Irish Poor Relief Act, and are very sensible of the importance of instituting inquiries "into the state of the several Fever Hospitals and Dispensaries," as directed by the 46th Clause, "as soon as conveniently may be after the formation of any Union;" and also that they are "from time to time to inspect and examine into the administration of any Hospital or Infirmary supported in part by Grand Jury Presentments or Parliamentary Grants," as required by the 47th Clause. These duties, it has appeared to the Commissioners, can be most effectually performed in any District, after the organization of the Unions, when the Assistant Commissioner will have become familiar with the condition and wants of the people, and the number, position, and capacity of the several Institutions; and when, too, his connexion with the Boards of Guardians will not only give him access to the best means of information, but will also afford him the readiest means of effecting, by his personal representations and influence, a remedy for any existing deficiencies, and a correction of any errors which may have been allowed to arise in practice.

3. This, moreover, appears to be the course contemplated by the Act; for, although the Commissioners are, by the 46th Clause, directed to report the result of their inquiries to the Secretary of State, and "to set forth the number of Hospitals or Dispensaries which in their opinion ought to be provided, and also an estimate of the sums which will be annually required for defraying the expenses of such additional Hospitals or Dispensaries," it must be presumed that such an application for the interference of Government as would be implied in this Report, upon the deficiency of medical provision in any District, is not to be made until after due exertion has been used to stimulate the inhabitants of the District to supply the deficiency by their own efforts; failing in which, the Commissioners are then to report; and the wording of the Clause appears to warrant the expectation that, after such Report, Government would interfere, and obtain legislative sanction for the enforcement of such measures as may therein be shown to be necessary for securing to the District the amount of medical provision required by the necessities of the people.

4. Such appears to have been the view of the Legislature in framing the two Clauses referred to; and it may be presumed, even without further legislation on the subject, that the powers which they give will be in a great measure effective for remedying deficiencies, not only in the number of the Medical Institutions, but also in their application and management. The statement of your own proceedings, in the cases of Trim and Navan, exemplifies this view, and appears to be in perfect accordance with the intentions of the Legislature, as indicated in these Clauses.

5. The Commissioners must therefore, in fulfilment of the duties devolved upon them, first use every effort in their power for bringing about a remedy of existing deficiencies and defects in the Medical Institutions. If they do not succeed, and if, notwithstanding their utmost efforts, the public are still left without sufficient Medical Aid in any District, the Commissioners will then report the circumstances fully to the Secretary of State, as directed by the 46th Clause; and Government will then, it is presumed, be prepared to take such other steps as may be necessary for effecting the objects which the Commissioners shall have failed to accomplish.

6. Finally, the Commissioners desire that you will proceed, as in the cases of Trim and Navan, inquiring into the state of the Medical Institutions in your District, and using your personal and official influence and your best exertions, to procure the remedy of all existing defects; and the Commissioners further request that you will report your proceedings in this matter from time to time, together with such suggestions and collateral information as your experience and professional knowledge may enable you to offer, and which they propose to use when the time for entering more fully upon an Inquiry into the Medical Charities in Ireland shall arrive, for the purpose of founding thereon a set of Instructions, with reference to the 46th and 47th Clauses of the Act, more comprehensive than the extent of information which they at present possess enables them to prepare.

By order of the Board,
(signed) W. Stanley,
Assistant Secretary.

To Denis Phelan, Esq., M.R.C.S. Lond.,
Assistant Poor Law Commissioner.

Appendix (B.)

Instructions to Assistant Commissioners.

No. 2. Letter to Denis Phelan, Esq.

No. 2.

Further Letter of the Poor Law Commissioners to Denis Phelan, Esq., Assistant Commissioner, dated 2nd September, 1840.

Poor Law Commission Office, Dublin,
2nd September, 1840.

Sir,

1. Your Report, dated the 26th ultimo, on the State of the Medical Institutions in the several Unions comprised in the District lately under your charge, and your Letter of the 1st instant, detailing the particular objects to which you had directed your inquiries, and the mode in which you had pursued them, have received all the consideration which the importance of the subject demands; and it appearing to the Commissioners, that the time has arrived in which it is incumbent upon them to proceed with the Inquiries into the Medical Charities indicated in the 46th and 47th Sections of the Irish Poor Relief Act, they have determined that you shall forthwith enter upon this important duty, in the several Districts of the other Assistant Commissioners, conjointly with the Assistant Commissioners of the respective Districts, whose local knowledge and influence will, it is believed, be of use to you, whilst your professional knowledge and experience will be useful to them, in the progress of the Inquiry on which you will jointly enter and jointly report.

2. The two Districts which the Commissioners wish to be first examined, are those of Mr. Gulson and Mr. Clements, and you will forthwith put yourself into communication with Mr. Gulson, and join him as soon as you conveniently can; and after you have completed the examination of his District, and arranged with him your joint Report thereon, you will proceed for like purpose to Mr. Clements, to whom, as well as to Mr. Gulson, a copy of this letter will be forwarded for their information and guidance.

3. The Commissioners feel that they need not do more in the way of caution, than merely to point out the necessity of conducting the Inquiry upon which you are about to enter, with the utmost regard to the feelings and position of the Medical Practitioners and of the Governors and Managers of the Institutions generally; and they rely upon every care being used to avoid giving cause for offence in any case, whilst in no case must the truth be permitted to be concealed, or currency given to partial or erroneous statements.

4. The nature of the Inquiry to be undertaken is pointed out by the Act, to the spirit and intentions as well as to the letter of which, the Commissioners are bound to conform. By the 46th Section, the Commissioners are directed, "so soon as conveniently may be "after the formation of any Union, to make strict inquiry into the state of the several Fever "Hospitals, Dispensaries, &c., existing within the limits of such Union, and into the nature "and extent of the Relief so afforded." By the 47th Section, the Commissioners are author- "ized—"from time to time, to inspect and examine into the administration of any Hospital "or Infirmary, &c., and with the concurrence of the Governors, to give such directions for "the better management, &c., and to cause the same to be recorded in the Books of such "Hospital or Infirmary."

5. There are here, therefore, two distinct branches of Inquiry pointed out by the Act: one a Union Inquiry, having reference to the wants present and prospective of each particular Union; the other, a General Inquiry into the administration of existing Hospitals and Infirmaries:—the one referring to Fever Hospitals and Dispensaries within the limits of each Union, and the nature and extent of the Relief afforded, with a view to ulterior measures for supplying any deficiency which may be found to exist;—the other referring to Infirmary administration merely: and this distinction must be kept in view in the pending Investigation, and your Reports shaped accordingly.

6. Notwithstanding this distinction, however, the points to be inquired into in each class of the Medical Charities are for the most part so similar, that it will be convenient to arrange the few instructions which it is deemed necessary to give you, in a general form, referring equally to each; the Commissioners relying upon your discretion to apply to them in all cases in conformity with the above-cited provisions of the Act.

7. The Commissioners rely moreover, that whatever may be deficient in the Instructions here given, will be supplied by the judgment and intelligence of yourself and the Assistant Commissioner who may be your colleague in the Inquiry; and the Commissioners will be always ready to attend to any application that may be made to them, and to afford every information and assistance in their power during the progress of the Inquiry, in conducting which you are carefully to observe the following Instructions:—

1.—To inquire into the income and expenditure of all the Public Medical Charities in each Union, distinguishing the chief sources of the former, and the principal items of the latter.

2.—To examine the Registers, and ascertain the number of Patients relieved in each Institution, distinguishing the intern from the extern.

3.—To examine the Medicines kept at each Institution, and ascertain if they be of good quality, and if the quantity of each kind used in the year be sufficient, with reference to the number of the cases recorded to have been relieved.

4.—It is desirable that the area and population of each Fever Hospital and Dispensary District should be ascertained, and you will use your best efforts for this purpose.

5.—To inquire if efforts have been made in any case by the Working Classes, to obtain or insure for themselves and their families Medical aid on the occurrence of sickness; and be careful to state any circumstances which appear to favour the exertions of the independent portion of this class, in making such a provision.

6.—To inquire if in any portion of the Union, Infirmary, Fever Hospital, or Dispensary, relief is not obtained, and the Population and extent of any such portion so left without the means of Medical Relief.

7.—Whenever there appears to be a deficiency of funds, to endeavour to ascertain from what cause it arises, and what views the local Governors and Directors entertain upon it, and what remedy they propose. In furtherance of this object, it will be open to you to offer such advice as your experience may enable you to afford, but you have no authority to give directions in any such case.

8.—To report on the foregoing, and generally on all matters which, in the course of the Inquiry, may appear useful for giving the Commissioners a clear view of the condition and working of each class of the Medical Charities in each Union; and in particular, to state every case in which there does not appear to be a sufficient number of Dispensaries or Fever Hospitals; or where either of these Institutions is not so situated as to afford adequate and convenient relief to the Sick Poor of the Union.

By Order of the Board,
(signed) W. STANLEY,
Assistant Secretary.

Denis Phelan, Esq., M.R.C.S. Lond., Assistant Poor Law Commissioner.

No. 3.

No. 3. Letter to Assistant Commissioners generally.

LETTER addressed by the POOR LAW COMMISSIONERS to each ASSISTANT COMMISSIONER, on the commencement of the Inquiry into the MEDICAL CHARITIES in his District, enclosing copy of foregoing Instructions of 2nd September, 1840.

POOR LAW COMMISSION OFFICE, DUBLIN,
——— ——— 184–.

SIR,—I am directed to forward to you for your information and guidance, the inclosed Copy of a Letter, dated the 2nd September last, addressed to Mr. Phelan, and I am to state that the Medical Inquiry, pursuant to the 46th and 47th Sections of the Poor Relief Act, will be now made in the Unions in your District; I am therefore to request you to assist in it as far as your general engagements will permit, and as may be necessary for enabling you to concur in the joint Report of Mr. Phelan and Dr. Corr.

I have the honor, &c.,
(Signed) W. STANLEY,
Assistant Secretary.

To ——— ———, Assistant Poor Law Commissioner.

REPORTS OF ASSISTANT COMMISSIONERS.

Reports of Assistant Commissioners.

No. 4.

No. 4. Mr. Phelan's Report on Unions in the Counties of Dublin, Meath, Louth, Westmeath, Kildare, and King's County.

REPORT on the MEDICAL CHARITIES in a District comprising Unions in the Counties of DUBLIN, MEATH, LOUTH, WESTMEATH, KILDARE, and KING'S COUNTY.—By DENIS PHELAN, Esq., M.R.C.S. Lond., *Assistant Poor Law Commissioner.*

Dublin, 26 August, 1840.

GENTLEMEN,

I propose, in pursuance of the directions from time to time received from your Board, to give a statement in detail of the means now existing in each of the Unions comprised in my District for affording Medical Relief to the Sick Poor. together with such suggestions as occur to me for rendering the same more effective.

Celbridge Union.

The *Celbridge Union* contains one Fever Hospital, situated in the Town of Celbridge, which is exclusively appropriated to the reception of Patients from the Barony of North Salt, and from a small portion of South Salt, in the County of Kildare. The population of this District is 9,665. In 1839, thirty Patients were admitted into it. The expenditure was 214*l.* 12*s.*

Fever Hospitals.

There are seven Dispensaries in the Union, distributed at the following Towns, which are made the centres of the respective Dispensary Districts; namely, at Celbridge, Maynooth, Kilcock, Donadea, Lucan, Rathcoole, and Newcastle. The population of these Districts is 28,211; their area is 88,333 statute acres. The population of the Union is 26,197, its area is 85,288 acres. The difference is accounted for by the extension of some of the Dispensary Districts beyond the Union boundaries.

Dispensaries.

The cost of supporting these Dispensaries in 1839, was 647*l.* 14*s.*

Cost of Dispensary Relief.

The annexed Table contains such information as it seemed necessary to record of the nature and extent of the relief afforded, and the income and expenditure of each Institution.

7,711 persons received Dispensary relief during the year, at an expense of about 5½*d.* per head, on the whole population. The average cost for each Patient was 1*s.* 8*d.*

The average expense for each Fever case, was about 7*l.* 2*s.* 8*d.*, which is exceedingly high; that for all admitted into the Irish Fever Hospitals, in one year, being only 1*l.* 17*s.* 10*d.*

Cost of Fever Hospital Relief.

The expense incurred for Fever Hospitals and Dispensary Relief, averages 7⅞*d.* on each individual in the several Districts.

With respect to Fever Hospital relief, it is necessary to observe, that Patients from the County Dublin portion of the Union are admissible into the Dublin Fever Hospitals; and it appears, that some avail themselves of that advantage. But Fever Cases occurring in the Barony of Icheathy and Outerany, which comprises about a third of the Union, have no access to any such Institution, a circumstance the more deserving of attention, as there are three of these Charities in the County of Kildare supported chiefly by public Presentments, of which this Barony pays its full proportion.

Deficiency of Fever Hospital Relief.

There is no Infirmary in the Union; but the population of that part of it which lies in the County of Dublin, obtain relief in the Infirmaries of that City, to which also some of this class of Patients are sent, from the contiguous parts of the County of Kildare. It may be said, however, that half the Union has no access to Infirmaries, the distance to Dublin on the one side, and to the Kildare Infirmary on the other, being too great to admit of the removal of the Sick Poor to either.

Dunshauahlin Union.

The *Dunshauahlin Union* contains no Fever Hospital or Infirmary. There is a Dispensary at each of the following places, which is the centre of a Medical District, viz.:—Dunboyne, Dunshaughlin, Ratoath, Kilmore, and Skreen.

The population of the Union is 22,240; its area is 109,049 statute acres. The total population of these Dispensary Districts is 20,164; their area 102,644. The difference is caused by other Dispensary Districts extending into portions of the Union.

In the year 1839, these five Dispensaries gave relief to 6,407 persons, at an expenditure of 541*l.* 6*s.*, which makes an average of 1*s.* 8*d.* per head on the whole, and is 6½*d.* per head on the population. These Institutions are judiciously distributed, and sufficiently nume-

rous; and I am of opinion, that the relief afforded by their means is fully adequate to the wants of the Sick Poor, so far as this species of relief is concerned.

A few of those affected with Fever, and who reside most contiguous to Dublin, are sent to the Hardwick Fever Hospital. The same takes place at the Northern end of the Union, from whence Fever Patients are conveyed to Navan; but the distance to each place renders it inconvenient to send many thither, particularly as those requiring such relief have seldom any means of conveyance.

There are two Fever Hospitals in the County of Meath, one at Navan, the other at Kells. They have been supported hitherto by a County Presentment, which, being limited to 500*l.* for each Institution, is insufficient to enable the Governors to admit all the Patients that offer, even from the contiguous Districts. This circumstance deters many at a distance from seeking admission, fearing that, if refused, they would suffer from the returning journey, and hence, in a great measure it occurs, that the relief afforded in them is obtained by persons residing within a few miles of each of these Towns.

It is certain, at all events, that not one-sixth of the Fever Cases which occur in this Union, and which would be fit subjects for a Fever Hospital, obtain such relief: yet the property of the Union is taxed for the support of these Charities, whose remoteness and insufficient accommodation, render them comparatively valueless to its population.

These observations equally apply to Infirmary Relief, which some, from the Southern part of the Union, obtain in Dublin, and others from the Northern part at Navan. But the County Infirmary, at the latter place, is so small and so remote from the greater part of the Union, that but few in it are enabled to partake of its benefits; yet this Charity is almost entirely supported by a County Assessment.

Balrothery Union.

The *Balrothery Union* contains six Dispensaries, which are distributed at Balbriggan, Malahide, Oldtown, Rush, Swords, and Skerries. The total population of these several Districts is 31,010; their area is 85,248 Statute Acres. The population of the Union is 28,124, its area, 76,988 Acres. The difference arises from an Electoral Division of another Union being included in one of the Dispensary Districts.

The expenditure for these Institutions in the year 1839, was 820*l.* for which 8,821 persons obtained Medical Relief, being a cost of 1*s.* 10*d.* for each Patient, and averaging 6⅓*d.* per head on the entire population.

The Dispensaries in this Union are sufficiently numerous, and, with the exception of one District, I am of opinion that the attendance afforded is very efficient. In the excepted instance, the Dispensary District is too extensive, and too remote from the residence of the Medical Officer. A contiguous one is too limited, both in area and population, and a considerable tract of country between both is left unprovided for, a circumstance which I have found to be of frequent occurrence in other Unions.

There is no Fever Hospital in the Union, but Fever Patients are sent to the Hardwick Hospital in Dublin from the Southern portion of it. From about two thirds of the Union, scarcely any of them are able to avail themselves of this accommodation. Distance, and the want of means of conveyance, the former chiefly are the assigned causes.

The new Meath Hospital in Dublin, is the County of Dublin Infirmary, and all who apply there from any part of the County, are said to be freely admitted. The Medical Officers of the Dispensaries at the Dublin side of the Union, state that no difficulty occurs in obtaining Infirmary accommodation for fit cases, residing in their Districts, and that such Patients gladly avail themselves of it. On the other hand, it is asserted that from the Northern portion of the Union, few serious cases are sent to Dublin or elsewhere. For this the same causes are assigned, as for the non-transmission of Fever Patients.

Trim Union.

The *Trim Union* contains six Dispensaries, at the following places; Agher, Rathmolion, Trim, Enfield, Ballivor, and Athboy. The population and area are nearly the same as that of the Union.

In the year 1839, the expenditure for these Charities was 571*l.* 18*s.* for which Medical Relief was given to about 7,463 persons, being a cost of 1*s.* 6*d.* for each Patient, and an average of 3⅓*d.* on each individual in the Union.

For such a population of 32,891, which is chiefly a rural one, the number of these Institutions appears to be rather too great. Those at Trim, Athboy, and Ballivor, are judiciously distributed, but by a better arrangement two would be sufficient for the District now provided for by the Agher, Rathmolion, and Enfield Dispensaries. The two former are too near each other, and to that at Kilmore, (which is in the Dunshaughlin Union,) and that at Enfield immediately adjoins the Johnstown Dispensary, in the County of Kildare, the distance between them being scarcely a mile.

Though as before observed, the Kells and Navan Fever Hospitals have been supported by County Assessment, their advantages have been little felt in the greater part of the District comprising this Union. On this account a similar Institution is now being erected at Trim, of an extent sufficient to admit as many Fever Patients as are likely to require such accommodation on ordinary occasions.

There is no Infirmary in the Union: but from about one half of it, Patients are sent to the County Hospital at Navan. It is stated that very few cases of a serious nature from the other half, are enabled to obtain relief there, the distance, and want of means of conveyance being the causes assigned.

Edenderry Union.

The *Edenderry Union* contains six Dispensaries, one at each of the following places, namely, Edenderry, Philipstown, Clonard, Rhode, Johnstown, and Carbury. The whole very nearly equal the Union in population and area.

The annual cost of these Institutions is 530*l.* 8*s.* They afforded relief to about 4,750 persons in the same period, which averages 2*s.* 2¾*d.* per case, and 3¾*d.* per head, on the whole population.

One of the Medical Officers resides at a distance of four miles from his Dispensary; he also holds another, and as the area and population of both are large, it appears unlikely that the duty can be efficiently performed.

There is no Fever Hospital in the Union, and though there are six such Institutions in the three Counties of which it is composed, they are all so remote from every part of the Union, that it is almost physically impossible that persons labouring under Fever could be conveyed to any of them. In point of fact none of the population obtain any such relief. But as Fever has often prevailed in the District, the want of it is said to be an evil which requires to be remedied.

Those portions of the Union which are most contiguous to the Infirmaries of the King's County, and County of Kildare, obtain relief at Kildare and Tullamore, but as the greater part of the population is very remote from either, not one tenth of the cases that require such relief are admitted into these Institutions.

Drogheda Union.

The *Drogheda Union* contains four Dispensaries, at Termonfecken, Duleek, Julianstown, and Stamullen. The sum annually expended on them is 377*l.* 3*s.* The relief afforded is very inadequate to the wants of the population. There is no such Institution in Drogheda, or in its vicinity.

These four Institutions give attendance to about 3,612 persons annually; two of the Medical Officers are non-resident, and a third only resides occasionally in his District.

There is no Fever Hospital in the Union. Various attempts have been made to establish one in Drogheda, but though subscriptions for that purpose to a considerable amount could be readily obtained, it is apprehended that the Presenting Authorities would refuse the County Grant. Several of the most respectable persons in the Union are anxious for the establishment of such an Institution at Drogheda. There are no Fever Hospitals in the surrounding Unions into which any of the Sick from this could be admitted,

The Drogheda Infirmary is a small Institution, until lately only capable of holding 10 beds. The expenditure on it in 1839, was 499*l.* 15*s.* Though only intended for the County of the Town, its benefits are extended to a considerable part of the Union, for which however it is very insufficient, in respect to funds and accommodation, even with the improvements lately made in it.

On the whole the Medical Relief afforded in this Union is very inadequate to the wants of the population.

Navan Union.

There are now four Dispensaries in the *Navan Union*, one of which was established at Navan last March. The three previously in operation are at Castletown, Kentstown, and Slane. In the year 1839, the sum expended on them was 342*l.* 6*s.* for which relief was given to 2,019 persons A part of this Union is embraced in the Skreen Dispensary District, which is a judicious arrangement.

These Institutions are well distributed, and in point of number, are perhaps sufficient to afford the necessary Dispensary relief. But the funds obtained for one of them are not well disbursed, and there are parts of the Union in which no attendance whatever is given.

The Navan Fever Hospital admits Fever Patients from this Union chiefly. This species of relief therefore, is nearly sufficient, except during the prevalence of Fever as an epidemic.

The Infirmary relief afforded in this Union is also in general nearly adequate to the wants of the population, as its contiguity to the County Hospital, at Navan, gives great facilities for admission into it.

The area of this Union equals that of its several Dispensary Districts, with the exception of the portion which is included in that of the Skreen Dispensary.

Kells Union.

There are five Dispensaries in the *Kells Union*, at Kells, Moynalty, Kilmainham, Nobber, and Clonmellon. The Medical Officers of two are non resident, which in all such cases is a disadvantage.

The expenditure on these Institutions in the above year was 376*l.* 8*s.* The number relieved was 5,124. The population and area of these Dispensary Districts are not equal to those of the Union, as the Mullagh Electoral Divisions are entirely unprovided with any such relief.

I am of opinion that one-half of the Sick Poor of this Union do not receive Dispensary attendance. This is the more remarkable, as the country is in general very rich, and possesses the advantages of a numerous resident Gentry. But the funds of some Dispensaries are insufficient, and the Medical attendance afforded is more a name than a reality.

When Fever is not very prevalent, the Kells Fever Hospital is enabled to give admission to the greater part of those that apply. But such as reside in the Clonmellon and Mullagh Electoral Divisions—portions of the Counties of Westmeath and Cavan—are not afforded this relief, and are not within the reach of any such Institutions in their respective Counties.

The County of Meath portion of this Union is sufficiently contiguous to the Navan Infirmary, whose benefits are therefore extended to such as require relief there. But it rarely occurs that a Patient is sent from the Clonmellon or Mullagh Electoral Divisions to the Mullingar or Cavan Infirmaries, the distance being too great to either.

Ardee Union.

There are six Dispensaries in the *Ardee Union*, at Ardee, Collon, Castlebellingham, Dunleer, Drumcondra, and Syddan. That number, under judicious management, would be sufficient for the population. Three of them are very efficient; the other three appear to be

very much the reverse. The Ardee and Castlebellingham Districts are too extensive, and too populous for one Medical Officer to attend satisfactorily, whilst the area and population of the others is too small. Besides one of the Medical Attendants resides at Kingscourt, in the County of Cavan, where he holds another Dispensary, and which is six miles distant from Drumcondra, which District he only visits once a-week. There is but one Subscriber to the latter Institution, who is a large Proprietor. This circumstance precludes the possibility of any regulations being made by the resident Gentry of the District to insure a better attendance.

The expenditure on these Charities in the years 1839 and 1840 was about 787*l.* One has been established within the year, which renders it impossible yet to obtain an accurate return.

The number of Patients attended was about 6,647.

I am of opinion that, on the whole, the Dispensary Attendance in several parts of this Union is not efficient, though in others it is very satisfactory.

There is no Fever Hospital Relief given in the Union, nor can any such possibly be obtained out of it by persons residing within it, with the exception of those who reside in a small portion of the District, on the Navan side.

The Ardee Dispensary House is partly the residence of the Medical Officer, for which he pays no rent. Two very good rooms in it are fitted up as Fever wards, which are intended for the domestics of the Gentry of the District. For many years, however, no use whatever has been made of these wards, which is much to be regretted, as Fever has raged very much in the town and country around. It appears that the Committee of this Dispensary has had a large Balance constantly on hands for a considerable period, which, if applied to the erection of a Fever Hospital, or to the converting of the Dispensary House into one, would have been a useful and legitimate appropriation of the Fund. About 500*l.* of this Fund is still in the Treasurer's hands, and it is said to have been much more considerable.

The County of Louth Infirmary, at Dundalk, receives Patients from the contiguous portion of this Union. But it rarely occurs that any are sent from the County of Meath portion to the Navan Infirmary.

Tullamore Union.

Tullamore Union contains four Dispensaries, at Philipstown, Geashill, Clara, and Kilbeggan. These are very fit situations for such Institutions, but that number is insufficient to afford Dispensary Attendance to a population of 53,000 persons.

One of the Medical Officers resides six miles from the centre of his District, and is also in charge of another. The population and area of both are so large that one person cannot perform the duties efficiently.

The sum expended on these Dispensaries in the same year was 398*l.* 2*s.*, for which relief was given to 4,996 persons. The Sick Poor of probably one-half of this Union are unable to obtain any relief from them, For instance, there is no Dispensary in Tullamore, or within six miles of it; the population of this important Town, and of a tract of country about three miles around it, can have no attendance whatever, when so ill as to require domiciliary visits.

There is no Fever Hospital in this Union, and none in any place contiguous to it, where Fever Patients from this would be admitted. The want of such an Institution is, however, very generally felt, and several of the Gentry and Clergy who advocate its establishment stated, that until some legal provision is made for raising Funds for its support on the principle of the Poor-rate, or by some other compulsory process, it would be vain to expect that it could be accomplished, as neither Subscriptions nor County Grants could be obtained.

The same observations were made to show, that at present a Dispensary could not be established at Tullamore.

Infirmary Relief is obtained by the population of the King's Co. part of the Union, at the County Hospital at Tullamore, the Surgeon of which gives Advice and Medicines to all who come to him. But he is not expected to pay domiciliary visits.

From the County Westmeath part of the Union few Patients go to the Mullingar Infirmary. But admission is freely given to such as offer themselves.

Mullingar Union.

Mullingar being a very large Union, contains ten Dispensaries, which are distributed at Drumcree, Collinstown, Mullalea, Killucan, Ballinacargy, Ballinalack, Tyrrell's Pass, Kinnegad, Milltown, and Castletowndelvin. As a whole, the distribution is not judicious; in some parts of the Union these Charities are too numerous, in others they are too few. This number, with sufficient Funds, and under a good management, would be fully adequate to the necessities of the Sick Poor. For want of these a population of at least 24,000 in the Union, scarcely obtain any attendance whatever. There is no such Institution at Mullingar, which, from its importance as the County Town, and its large population, greatly requires one. From thence, in a westerly direction, for nearly 28 miles, there is no Dispensary; and the Sick Poor of this District can receive but very little benefit from others which are very remote from them.

The sum expended in these ten Institutions in one year, 1839, was 778*l.* 19*s.* 7,728 Patients were attended by them. This small number, being only a ninth of the population, proves their insufficiency.

There is no Fever Hospital in this Union, nor any in the surrounding ones, into which Fever Patients residing in this could be admitted. The only Sick Institution in the County of Westmeath is that at Castlepollard (in the Oldcastle Union), which contains only 10 beds, and which is not sufficient for the wants of that immediate neighbourhood.

The universally acknowledged want of a Fever Hospital in Mullingar, lately induced the Gentry of that part of the County to hold a public meeting, with the view of establishing one if practicable. This meeting was very respectably and well attended, and the subject was

fully considered. The general sense was, that until a more equitable, and a more satisfactory mode of raising Funds for its support be devised, no step should be taken to forward it. A Committee was, however, appointed to report on the subject. This report is subjoined, and as it is that of persons of very considerable property, respectability, humanity, and intelligence, it may be fairly considered as embodying the opinion of the population, not alone of the Union, but of the entire County.*

The Mullingar Infirmary contains 32 beds. A portion of it sufficient to contain 12 beds is occupied by the Surgeon's family. The entire of the House, if appropriated to intern Patients, would probably be sufficient for the wants of the Union, but not for those of the County. It is stated that Patients are frequently refused admission for want of room. The occupation of a part of the Hospital by the chief Medical Officer appears therefore to be inadvisable.

Oldcastle Union.

There are six Dispensaries in the *Oldcastle Union*, at Oldcastle, Virginia, Ballyjamesduff, Mount-Nugent, Crossakeil, and Castlepollard. They are fairly distributed, and with one exception, appear to afford sufficient Dispensary attendance throughout the Union.

A sum of 416*l.* 2*s.* was expended on these Charities in the year 1839, for which 6,021 Patients are said to have obtained Medical Relief. But the Registries of some of those Institutions are not kept with such accuracy as could be relied on.

There is a small Fever Hospital at Castlepollard, which admits Fever Patients from that immediate District; it is capable of accommodating ten Patients, and is considered, even in a limited extent, to be a great advantage to that locality.

Another on the same scale is now being erected at Virginia, intended for that immediate neighbourhood. With these exceptions, the Union possesses no means of affording Fever Hospital Relief to this class of Patients. About one-fourth of the Union will be included in the Castlepollard and Virginia Districts.

The Infirmaries of the Counties of Cavan, Meath, and Westmeath, are so remote from each portion of this Union, that few residing in it obtain relief at either of these, or at any such Institutions.

Mr. Napper, the Chairman of the Board of Guardians and Proprietor of Oldcastle, states, that he only awaits such change in the law respecting Fever Hospitals as will enable some authority to establish one at that Town, either at the expense of the Union, or in some other satisfactory manner. In the necessity for the establishment of such an Institution, the Guardians of the Union generally concur.

I annex a Table which shows the annual income and expenditure of each Institution, and the amount of relief given in each Union, along with such other particulars as it may be necessary to record for your information.

I have the honor, &c.

(signed) DENIS PHELAN, *M.R.C.S. Lond.*
Assistant Poor Law Commissioner.

To the Poor Law Commissioners.

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* Report of the Committee, consisting of Sir R. Levinge, Bart., Right Rev. Doctor Cantwell, R. C. Bishop, Mr. Smythe, Barbavilla, Mr. Lyons, Ladiston, Mr. H. Tuite, Sonna, appointed by a Public Meeting to Report upon the expediency of establishing a Fever Hospital in Mullingar:—

Mullingar, August 29, 1840.

The undersigned are of opinion, that the establishment of Fever Hospitals is a point of paramount importance; and upon this basis they ground the following observations, to carry that object into practical operation at the least expense to the County.

In or about two years ago, a strong wish was expressed by many persons to establish a Fever Hospital in Mullingar. Persons were appointed to enquire whether a Temporary Establishment could be set on foot, pending the operation of the Poor Law Bill coming into force. Here it must be observed, that it was *universally* understood that the Bill was to include the several Charitable Institutions of County Fever Hospitals, Infirmaries, and Dispensaries; and this engendered a feeling inimical to embarking in the erection of such Establishments. To resume: The persons so appointed found the greatest possible difficulties thrown in their way by the Inhabitants generally. Objections were raised by them to Fever Patients being brought into their locality, and no House could be procured in or near the Town. The same difficulties exist at present to the same extent.

Your Committee are of opinion that the Public feeling in this County generally is against establishing a Fever Hospital, or incurring such an expense as would be entailed on the County by so doing, at a moment when it is involved in the erection of a Poor House.

And further, your Committee know from experience that the *whole* County would not be satisfied at seeing a County Fever Hospital established in Mullingar, where it could be of no benefit or use to the distant parts of said County, which notwithstanding would be compelled to contribute towards its erection and establishment. That this is a powerful reason why, in all Counties, the Poor Law Commissioners should establish in the Poor Houses Fever Infirmaries, as those Buildings are located at such convenient distances, as to secure a great facility of carrying the Fever Patients, without delay and without danger to them from the length of carriage, to the Poor House Fever Infirmary.

Your Committee have it stated upon the best, most weighty, and respectable authority, that in the Establishments (such as the Meath, Stevens', and other Hospitals, where the proper precautions *can* be taken), there is no apprehension to be entertained with respect to Fever spreading in any Hospital or Poor House; therefore, they wish to impress, in the most earnest manner, on the Poor Law Commissioners, that they should set apart two or three Apartments in the New Poor Houses for the use of Fever Infirmaries; and your Committee strongly assert here the acknowledged fact, that *Destitution causes Fever*: therefore it is, that the cure and prevention of Fever is within their special province to provide for and allay.

Again your Committee are of opinion, that at no time would the Public feeling in this County be satisfied at seeing concentrated in *one* spot, within its bounds, *four* distinct Establishments, with a full Medical Staff attached to each, and necessarily composed of weighty salaried Officials;—an Infirmary—a Poor House—a Fever Hospital—and a Dispensary; with four Physicians, four Apothecaries, and the full retinue of Matrons, Midwives, Porters, &c. &c. always attendant on these County Establishments.

Your Committee are of opinion, that the County Cess, necessarily imposed on the Rate-payers by these heavy burthens, would meet with the greatest opposition—and lastly, they consider that the expenses of Infirmaries, &c. should all be brought under the one head, and defrayed by a Rate imposed by the Board of Guardians, cancelling the power of Grand Juries.

APPENDIX (B.)

No. 4.

Mr. Phelan's Report on Unions in the Counties of Dublin, Meath, Louth, Westmeath, Kildare, and King's County,

TABLE annexed to the foregoing REPORT, relative to the several PUBLIC MEDICAL

Description and Locality of Institution.	INCOME. Subscriptions.	Parliamentary and County Grants.	From other sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Ardee. ARDEE UNION.								
Dispensaries. Ardee	108 16 2	108 16 2	- - -	217 12 4	162 8 1	- - -	24 18 7	187 6 8
Castlebellingham	72 0 0	72 0 0	- - -	144 0 0	80 0 0	40 0 0	10 0 0	130 0 0
Collon	52 10 0	52 10 0	- - -	105 0 0	83 13 6	30 0 0	0 3 6	113 17 0
Drumcondra	30 0 0	30 0 0	- - -	60 0 0	40 0 0	15 0 0	6 0 0	61 0 0
Dunleer	49 18 4	49 18 4	- - -	99 16 8	80 0 0	20 0 0	15 0 0	115 0 0
Syddan	101 17 0	50 0 0	- - -	151 17 0	120 0 0	19 3 6	6 5 0	145 8 6
Total,	415 1 6	363 4 6	- - -	778 6 0	566 1 7	124 3 6	62 7 1	752 12 2
Balrothery. BALROTHERY UNION.								
Dispensaries. Balbriggan	82 12 0	60 0 0	11 15 0	154 7 0	100 0 0	35 0 0	18 17 5	153 17 5
Malahide	68 4 0	50 0 0	- - -	118 4 0	95 0 0	18 0 0	5 0 0	118 0 0
Oldtown	52 10 0	50 0 0	- - -	102 10 0	72 0 0	20 0 0	10 0 0	102 0 0
Rush	87 18 0	45 0 0	- - -	132 18 0	98 4 0	25 0 0	9 14 0	132 18 0
Skerries	58 7 0	50 0 0	- - -	108 7 0	80 0 0	10 0 0	17 17 7	107 17 7
Swords	113 10 0	90 0 0	- - -	203 10 0	123 12 0	70 5 0	9 13 0	203 10 0
Total,	463 1 0	345 0 0	11 15 0	819 16 0	568 16 0	178 5 0	71 2 0	818 3 0
Celbridge. CELBRIDGE UNION.								
Celbridge Fever Hospital	146 19 6	250 0 0	7 5 0	404 4 6	61 1 0	10 0 0	144 1 2½	215 2 2½
Dispensaries. Celbridge	20 0 0	20 0 0	- - -	40 0 0	114 13 2	20 19 11	0 9 6	136 2 7
Donadea	35 8 0	35 8 0	- - -	70 16 0	40 0 0	18 0 0	12 16 0	70 16 0
Kilcock	34 14 0	34 14 0	- - -	69 8 0	49 3 0	21 0 0	- - -	70 3 0
Lucan	54 16 0	36 0 0	- - -	90 16 0	60 0 0	20 0 0	10 16 0	90 16 0
Maynooth	76 10 0	76 10 0	- - -	153 0 0	125 0 0	28 0 0	- - -	153 0 0
Newcastle	20 0 0	20 0 0	- - -	40 0 0	30 0 0	10 0 0	- - -	40 0 0
Rathcoole	51 10 0	35 0 0	- - -	86 10 0	65 10 0	15 0 0	6 0 0	86 10 0
Total,	439 17 6	507 12 0	7 5 0	954 14 6	545 7 2	142 19 11	174 2 8½	862 9 9½
Drogheda. DROGHEDA UNION.								
Drogheda Infirmary	29 5 0	267 6 1¾	133 1 6	429 12 7¾	191 0 0	64 13 0	244 0 0	499 13 0
Dispensaries. Duleek	76 12 0	76 12 0	- - -	153 4 0	100 0 0	20 0 0	22 0 0	142 0 0
Julianstown	57 11 0	57 11 0	- - -	115 2 0	60 0 0	28 7 0	9 17 3½	98 4 3½
Stamullen	40 0 0	40 0 0	- - -	80 0 0	52 0 0	14 19 7	5 14 0	72 13 7
Termonfecken	27 3 0	27 3 0	3 0 0	57 6 0	52 10 0	7 11 0	- - -	60 1 0
Total,	230 11 0	468 12 1¾	136 1 6	835 4 7¾	455 10 0	135 10 7	281 11 3½	872 11 10½
Dunshaughlin. DUNSHAUGHLIN UNION.								
Dispensaries. Dunboyne	58 17 0	58 17 0	- - -	117 14 0	63 0 0	35 4 0	18 2 0	116 6 0
Dunshaughlin	47 6 0	47 6 0	- - -	94 12 0	60 0 0	20 0 0	2 2 0	82 2 0
Kilmore	49 4 0	49 4 0	- - -	98 8 0	60 0 0	24 7 8	14 18 0	99 5 8
Ratoath	40 0 0	40 0 0	- - -	80 0 0	63 0 0	20 0 0	- - -	83 0 0
Skreen	82 16 0	82 16 0	- - -	165 12 0	118 18 0	29 2 0	12 13 0	160 13 0
Total,	278 3 0	278 3 0	- - -	556 6 0	364 18 0	128 13 8	47 15 0	541 6 8
Edenderry. EDENDERRY UNION.								
Dispensaries. Carberry	30 8 0	No Grant.	- - -	30 8 0	50 0 0	3 11 3½	- - -	53 11 3½
Clonard	50 1 0	50 1 0	- - -	100 2 0	70 0 0	15 14 8	12 12 0	98 6 8
Edenderry	41 8 6	38 7 6	0 2 9	79 18 9	60 15 0	7 2 6	13 16 11	81 14 5
Johnstown	48 6 0	48 5 0	- - -	96 11 0	73 16 11	14 0 4	8 13 9	96 11 0
Rathangan	53 13 0	49 10 0	- - -	103 3 0	60 0 0	37 7 4	9 4 3	106 11 7
Rhode	83 6 0	77 17 6	- - -	161 3 6	80 0 0	49 14 4	24 10 11	154 5 3
Total,	307 2 6	264 1 0	0 2 9	571 6 3	394 11 11	127 10 5½	68 17 10	591 0 2½
Kells. KELLS UNION.								
Kells Fever Hospital	2 2 0	500 0 0	- - -	502 2 0	128 0 0	32 14 1	316 12 2½	477 6 3½
Dispensaries. Clonmellon	30 17 0	30 17 0	11 19 0	73 13 0	23 8 5	27 7 6	5 0 0	55 15 11
Kilmainham	29 19 0	29 19 6	- - -	59 18 6	31 13 7½	10 19 8	3 7 6	46 0 9½
Kells	39 9 0	39 9 0	- - -	78 18 0	58 6 4	9 15 0	10 11 9	78 13 1
Moynalty	35 0 0	35 0 0	- - -	70 0 0	36 0 0	29 5 2	6 19 8	72 4 10
Nobber	111 11 0	60 0 0	- - -	171 11 0	60 0 0	28 19 3	33 17 4	122 16 7
Total,	248 18 0	731 5 6	11 19 0	956 2 6	337 8 4½	139 0 8	376 8 5½	852 17 6
Mullingar. MULLINGAR UNION.								
Mullingar Infirmary	33 12 0	519 17 2½	16 17 9	570 6 11½	120 0 1½	45 10 0	385 2 11½	550 13 0½
Dispensaries. Ballinacargy	46 6 0	46 6 0	- - -	92 12 0	50 0 0	32 10 0	10 0 0	92 10 0
Balnalack	40 4 0	40 4 0	- - -	80 8 0	68 0 0	10 0 0	8 4 6	86 4 6
Castletown-delvin	46 11 0	46 11 0	- - -	93 2 9	60 0 0	21 10 0	11 5 0	92 15 0
Collinstown	32 7 3	32 7 3	- - -	64 14 6	35 2 5	16 18 7	12 13 6	64 14 6
Drumcree	32 1 0	32 1 0	- - -	64 2 0	35 0 0	18 0 0	10 0 0	63 0 0
Killucan	65 15 9	65 15 9	- - -	131 11 6	105 0 0	26 8 0	- - -	131 8 0
Kinnegad	16 14 0	16 14 0	- - -	33 8 0	21 0 0	6 13 0	5 0 0	32 13 0
Miltown	40 12 0	40 12 0	- - -	81 4 0	60 0 0	20 17 6	- - -	80 17 6
Monelea	46 6 0	46 6 0	- - -	92 12 0	70 0 0	13 6 6	4 10 0	87 16 6
Tyrrel's-pass	32 11 0	32 11 0	10 5 0	75 7 0	58 15 10	19 8 8	3 16 1½	82 0 7½
Total,	433 0 0	919 5 2½	27 2 9	1,379 7 11½	682 18 4½	231 2 3	450 12 0½	1,364 12 8
Navan. NAVAN UNION.								
Navan Infirmary	3 3 0	642 18 9	14 18 0	660 19 9	221 16 10	177 6 7	707 5 4	1,106 8 9
Dispensaries. " Fever Hospital	- - -	500 0 0	- - -	500 0 0	500 0 0	40 0 0	360 0 0	500 0 0
Castletown and Wilkinstown	55 7 0	55 7 0	- - -	110 14 0	80 0 0	21 18 4	13 0 0	114 18 4
Kentstown	60 11 0	60 11 0	- - -	121 2 0	80 0 0	21 3 0	21 1 0	122 4 0
Navan	104 16 0	60 0 0	- - -	164 16 0	120 0 0	44 16 0	- - -	164 16 0
Slane	62 8 0	62 8 0	- - -	124 16 0	84 0 0	18 4 0	22 12 0	124 16 0
Total,	286 5 0	1,381 4 9	14 18 0	1,682 7 9	685 16 10	323 7 11	1,123 18 4	2,133 3 1
Oldcastle. OLDCASTLE UNION.								
Castlepollard Fever Hospital	64 6 0	128 12 0	- - -	192 18 0	74 0 0	10 0 0	89 2 4	173 2 4
Dispensaries. Ballyjamesduff	37 7 9	37 7 9	- - -	74 15 6	40 0 0	27 0 0	5 0 0	72 0 0
Castlepollard	36 10 0	36 10 0	- - -	73 0 0	40 0 0	26 0 0	5 0 0	71 0 0
Crossakill	36 9 6	36 9 6	- - -	72 19 0	40 0 0	26 0 0	5 0 0	71 0 0
Mount Nugent	33 12 0	33 12 0	- - -	67 4 0	40 0 0	19 10 0	3 16 0	63 6 0
Oldcastle	57 11 0	57 11 0	- - -	115 2 0	70 0 0	20 0 0	13 0 0	103 0 0
Virginia	51 0 0	51 0 0	- - -	102 0 0	70 0 0	31 11 6	5 0 0	106 11 6
Total,	381 2 3	316 16 3	- - -	697 18 6	374 0 0	160 1 6	125 18 4	659 19 10
Trim. TRIM UNION.								
Trim Fever Hospital	304 14 0	609 8 0	- - -	914 2 0	Applied to build an Hospital, not yet ready.			
Dispensaries. Agher	49 14 0	49 14 0	10 0 0	109 8 0	60 0 0	30 0 0	10 0 0	100 0 0
Athboy	57 3 6	57 3 6	- - -	114 7 0	60 0 0	51 11 0	16 5 0	127 16 0
Ballivor	40 15 0	39 14 0	- - -	80 9 0	53 0 0	20 15 3	7 8 8	81 3 11
Enfield	46 6 0	30 0 0	- - -	76 6 0	60 0 0	17 5 8	6 0 0	83 5 8
Rathmolion	38 18 0	38 18 0	- - -	77 16 0	60 0 0	30 0 0	8 19 1	98 19 1
Trim	48 7 0	48 7 0	- - -	96 14 0	65 0 0	24 12 5	14 9 4	104 1 9
Total,	585 17 6	873 4 6	10 0 0	1,469 2 0	358 0 0	174 4 4	63 2 1	595 6 5
Tullamore TULLAMORE UNION.								
Tullamore Infirmary,	9 9 0	642 18 8	59 9 8½	711 17 4½	224 12 3¾	69 3 3½	454 12 5¾	748 8 1
Dispensaries. Clara	65 8 9	65 8 9	- - -	130 17 6	73 10 0	40 0 0	11 10 0	125 0 0
Geashill	34 1 0	34 1 0	- - -	68 2 0	50 0 0	15 0 0	7 13 4	72 13 4
Kilbeggan	34 13 0	34 13 0	- - -	69 6 0	60 0 0	12 7 5	0 11 2	72 18 7
Philipstown	70 16 0	70 16 0	- - -	141 12 0	80 0 0	29 16 9	20 0 0	129 16 9
Total,	214 7 9	847 17 5	59 9 8½	1,121 14 10½	488 2 3¾	166 7 5½	494 6 11¾	1,148 16 9

CHARITIES existing within the limits of the undermentioned Unions in the Years 1839-40.

APPENDIX (B.)

No. 4.

Mr. Phelan's Report on Unions in the Counties of Dublin, Meath, Louth, Westmeath, Kildare, and King's County,

Number of Intern Patients.			Number of Extern Patients recommended.	Area of Dispensary Districts, in Statute Acres.	Population of Dispensary Districts.	Proportion of Infirmary Patients to Population.	Proportion of Fever Hospital Patients to Population.	Proportion of Dispensary Patients to Population.	Number of Subscribers.			Average cost of each Infirmary Patient.	Average cost of each Fever Hospital Patient.	Average cost of each Dispensary Patient.	
Infirmary.	Fever Hospital.	Total.							£1 1s. or more.	Less than £1 1s.	Total.	£ s. d.	£ s. d.	£ s. d.	
–	–	–	1,995	26,405	13,539	..	..	1 to 6¼	51	1	52	—	—	0 1 10	*Ardee.*
–	–	–	2,120	26,368	11,500	..	..	1— 5 3-7ths	–	–	–	—	—	0 1 3	
–	–	–	978	8,813	2,746	..	..	1—2 1-5th	16	–	16	—	—	0 2 4	
–	–	–	No record.	12,021	3,965	..	..	No record.	1	–	1	—	—	—	
–	–	–	1,400	22,689	5,612	..	..	1—4	–	–	–	—	—	0 1 9½	
–	–	–	1,266	17,837	5,853	..	..	1—4 3-5ths	97	–	97	—	—	0 2 3½	
–	–	–	7,759	194,133	43,215	..	..	1—5 17-32nds	–	–	–	—	—	0 1 11 9/32	
–	–	–	2,312	..	9,611	..	..	1—4⅛	55	–	55	—	—	0 1 1	*Balrothery.*
–	–	–	1,238	..	2,732	..	..	1—2 1-5th	39	7	46	—	—	0 1 11	
–	–	–	900	..	4,369	..	..	1—4⅔	27	7	34	—	—	0 2 3½	
–	–	–	1,815	..	2,500	..	..	1—1⅔	8	9	17	—	—	0 1 5½	
–	–	–	1,966	..	3,688	..	..	1—2	19	1	20	—	—	0 1 1	
–	–	–	1,844	..	7,063	..	..	1—4	30	6	36	—	—	0 2 2½	
–	–	–	10,075	..	29,963	..	..	1—3	178	30	208	—	—	0 1 7½	
–	30	30	—	..	6,644	..	1—221⅓	—	46	–	46	—	7 14 7	—	*Celbridge.*
–	–	–	1,370	15,666	6,644	..	..	1—4⅔	–	–	46	—	—	0 1 11⅔	
–	–	–	666	24,524	4,226	..	..	1—6⅓	–	–	30	—	—	0 2 1⅓	
–	–	–	775	20,230	5,379	..	..	1—7	–	–	24	—	—	0 1 9⅔	
–	–	–	975	..	4,527	..	..	1—4⅔	–	–	30	—	—	0 1 10½	
–	–	–	2,000	12,164	3,188	..	..	1—1⅔	–	–	27	—	—	0 1 6⅔	
–	–	–	450	6,089	1,098	..	..	1—2⅓	–	–	8	—	—	0 1 9⅔	
–	–	–	1,505	10,013	3,157	..	..	1—2	–	–	48	—	—	0 1 1⅔	
–	30	30	7,741	..	28,219	..	1—221⅓	1—3⅔	–	–	213	—	7 14 7	0 1 11⅔	
80	–	80	—	5,780	17,365	1—217	..	—	16	–	16	6 0 11¼	—	—	*Drogheda.*
–	–	–	1,765	30,502	8,618	..	..	1—5	67	–	67	—	—	0 1 7⅓	
–	–	–	1,109	14,938	3,767	..	..	1—3⅔	44	3	47	—	—	0 1 9⅓	
–	–	–	686	5,144	1,322	..	..	1—2	22	3	25	—	—	0 2 1⅔	
–	–	–	No record.	14,526	6,072	..	..	—	20	–	20	—	—	—	
80	–	80	3,560	66,890	37,744	1—217	..	—	169	6	175	6 0 11¼	—	—	
–	–	–	460	16,782	2,698	..	..	1—5⅓	–	–	30	—	—	0 5 0⅔	*Dunshaughlin.*
–	–	–	659	16,300	2,754	..	..	1—4	–	–	40	—	—	0 2 6	
–	–	–	1,713	18,761	3,944	..	..	1—2⅓	6	47	53	—	—	0 1 2	
–	–	–	1,547	24,847	4,515	..	..	1—3	–	–	22	—	—	0 1 1	
–	–	–	1,897	25,954	6,253	..	..	1—3⅓	54	7	61	—	—	0 1 8¼	
–	–	–	6,276	102,644	20,164	..	..	1—3⅓	–	–	206	—	—	0 1 8¾	
–	–	–	364	27,060	4,252	..	..	1—11⅔	11	–	11	—	—	0 2 11½	*Edenderry.*
–	–	–	949	38,598	10,742	..	..	1—11⅓	26	1	27	—	—	0 2 1	
–	–	–	590	..	..	..	..	—	21	1	22	—	—	0 2 9½	
–	–	–	396	16,567	3,532	..	..	1—9	11	16	27	—	—	0 4 10½	
–	–	–	1,800	..	..	..	..	1-8½	33	4	37	—	—	0 1 2½	
–	–	–	1,143	..	..	..	..	1-8½	52	11	63	—	—	0 2 8¼	
–	–	–	5,242	200,452	47,329	..	..	1—9	154	33	187	—	—	0 2 3	
–	271	271	—	8,597	6,839	..	1— 25½	—	1	–	1	—	1 15 2⅔	—	*Kells.*
–	–	–	2,176	12,877	4,037	..	..	1—1 4-5ths	17	–	17	—	—	0 0 6½	
–	–	–	1,207	14,319	4,187	..	..	1—3½	20	1	21	—	—	0 0 8⅔	
–	–	–	800	8,597	6,839	..	..	1—8½	22	4	26	—	—	0 1 11½	
–	–	–	1,359	9,303	2,417	..	..	1—1 7-9ths	16	–	16	—	—	0 1 0⅔	
–	–	–	1,212	19,089	7,188	..	..	1—6	92	4	96	—	—	0 2 0½	
–	271	271	5,954	64,185	24,668	..	1— 25½	1—4½	168	9	177	—	1 15 2⅔	0 1 3½	
406	–	406	—	431,041	136,872	1—337	..	—	6	–	6	1 7 1½	—	—	*Mullingar.*
–	–	–	2,345	21,027	7,200	..	..	1—3	–	–	–	—	—	0 0 9⅔	
–	–	–	1,581	13,813	4,266	..	..	1—3½	11	11	22	—	—	0 1 1⅔	
–	–	–	1,014	21,236	4,607	..	..	1—4⅔	–	–	–	—	—	0 1 10	
–	–	–	900	8,490	1,927	..	..	1—2 1-7th	20	2	22	—	—	0 1 5½	
–	–	–	677	17,387	3,719	..	..	1—5⅔	19	–	19	—	—	0 1 10	
–	–	–	1,100	28,000	6,200	..	..	1—6	23	–	23	—	—	0 2 4⅔	
–	–	–	219	8,000	2,546	..	..	1—12	10	2	12	—	—	0 3 0	
–	–	–	1,000	15,204	3,390	..	..	1—3⅓	26	–	26	—	—	0 1 7½	
–	–	–	1,108	9,320	1,695	..	..	1—1⅓	30	–	30	—	—	0 1 7⅓	
–	–	–	1,328	26,852	6,714	..	..	1—5	21	–	21	—	—	0 1 2⅔	
406	–	406	11,272	169,329	42,264	1—337	..	1—3¾	–	–	–	1 7 1½	—	0 1 5⅜	
337	–	337	—	578,567	177,000	1-525 1-5th	..	—	43	–	43	3 5 7¼	—	—	*Navan.*
–	542	542	—	..	..	..	..	—	–	–	–	—	0 18 5½	—	
–	–	–	931	20,500	6,544	..	..	1—7	–	–	41	—	—	0 2 5⅔	
–	–	–	800	15,160	4,185	..	..	1—5½	–	–	47	—	—	0 3 0⅔	
–	–	–	2,724	33,033	16,440	..	..	1—6	–	–	51	—	—	0 1 2¼	
–	–	–	625	11,316	4,175	..	..	1—6⅔	–	–	16	—	—	0 4 0	
337	542	879	5,080	80,009	31,344	..	..	1—6⅓	–	–	198	3 5 7¼	0 18 5½	0 2 1	
–	62	62	—	29,059	9,091	..	..	—	–	–	–	—	2 15 10	—	*Oldcastle.*
–	–	–	1,283	6,988	4,444	..	..	—	18	–	18	—	—	0 1 1⅓	
–	–	–	1,342	29,059	9,091	..	..	1—7⅞	–	–	–	—	—	0 1 0⅔	
–	–	–	865	17,210	5,393	..	..	1—6⅓	–	–	–	—	—	0 1 7⅔	
–	–	–	1,260	7,732	4,366	..	..	1—3½	15	–	15	—	—	0 1 0	
–	–	–	825	26,970	11,026	..	..	1—13⅓	–	–	–	—	—	0 2 6	
–	–	–	1,702	29,259	15,532	..	..	1—9⅜	23	2	25	—	—	0 1 3	
–	62	62	7,277	117,218	49,852	..	..	1—6 4-5ths	–	–	–	—	2 15 10	0 1 4 1/10	
–	–	–	—	30,535	7,511	..	..	—	–	–	–	—	—	—	*Trim.*
–	–	–	1,546	16,248	3,564	..	..	1—2½	15	3	18	—	—	0 1 33	
–	–	–	1,692	23,848	8,530	..	..	1—5	21	–	21	—	—	0 1 6⅔	
–	–	–	1,115	16,768	3,795	..	..	1—3	12	–	12	—	—	0 1 5⅔	
–	–	–	500	9804	3,000	..	..	1—6	24	13	37	—	—	0 3 4	
–	–	–	1,216	12,782	3,174	..	..	1—2 3-5ths	16	14	30	—	—	0 1 7½	
–	–	–	3,275	30,535	7,511	..	..	1—2⅔	27	–	27	—	—	0 0 7¾	
–	–	–	9,344	109,985	29,574	..	..	1—3½	119	30	149	—	—	0 1 3½	
475	–	475	—	456,960	144,225	1—304	..	—	3	–	3	1 11 6	—	—	*Tullamore.*
–	–	–	2,000	..	14,470	..	..	—	38	10	48	—	—	0 1 3	
–	–	–	641	30,874	8,294	..	..	1—13	17	–	17	—	—	0 2 1¼	
–	–	–	925	..	15,246	..	..	1—16⅔	27	–	27	—	—	0 1 6	
–	–	–	1,092	..	..	..	..	—	36	8	44	—	—	—	
475	–	475	4,654	..	..	..	..	1—11⅔	121	18	139	1 11 6	—	0 1 8¼	

No. 5.

Appendix (B.)

Reports of Assistant Commissioners.

No. 5.
Report of Mr. Voules and Mr. Phelan on the Cork Union.

REPORT on the Medical Charities in the Cork Union.—By W. J. Voules, Esq., and Denis Phelan, Esq., *Assistant Poor Law Commissioners.*

Cork, July 27th, 1840.

Gentlemen,

In presenting our joint Report, pursuant to the order contained in the Board's Minute of the 30th of June last, whereby we were directed to inspect the Medical Charities of the Cork Union, we trust you will not deem it necessary, that we should offer any detailed opinion upon the various propositions of which that suggesting this inquiry forms a part; but that you will allow us to refer to them generally, as documents highly illustrative of the intelligence and anxiety which have been enlisted in the cause of Benevolence.

That portion of these suggestions, however, which refers to the extension of Medical Relief requires more particular notice, as constituting the immediate object of our proceedings, and as involving, at an earlier period than was originally contemplated, the exercise of the powers conferred upon your Board by the 46th and 47th sections of the Poor Relief Act for Ireland.

The proposition upon which you are called on to act is, "That an inquiry should be made with a view to the consolidation of the North and South Infirmaries into one General Hospital, pursuant to an Act passed in the 3rd year of the reign of His late Majesty, William 4th."

To this point, then, we proceed to direct our immediate and minute attention, and in doing so to consider,

The present state of these and of the other Medical Institutions within the Union, and the nature and extent of the Relief afforded by them;

Whether the amount of Relief now afforded can with safety be predicted, as that which will constitute the ultimate and permanent amount, for which Hospitals and Dispensaries ought to be provided; and

The suitableness of the existing Infirmaries for the purpose to which they are applied, and incidentally to this;

The relative fitness of either to be made the sole Hospital of the District; should time and circumstances warrant the recommendation of the consolidation proposed.

Infirmaries.

The South Infirmary is at present capable of containing 104, and the North Infirmary 120 beds.

The records of these two Institutions show, that in the year 1839, 728 Patients were admitted into the South, and 1,325 into the North, Infirmary, and that about 18,000 extern cases were prescribed for and got medicines at both, within the same period, during which the income was £2,619, and the expenditure £3,368.

It is, however, to be recollected, that during this period attendance in each Infirmary was recognized by the several Colleges of Surgeons, provided 100 beds were constantly occupied in it. This circumstance might, perhaps, have influenced the Medical Officers to admit Patients so as to keep that number of beds constantly filled.

It is stated by the Governors and Medical Officers, that serious and acute Surgical and Medical cases obtain ready admission into both Infirmaries, and that spare beds are always reserved for severe accidents, which are received without a Governor's recommendation.

The Medical Staff of each Institution, comprises two Physicians, two Surgeons, and a resident House Surgeon—Apothecary. The Physicians and Surgeons receive no salary. A Physician and Surgeon attend at each Hospital daily. The arrangements appear to be very good, and the duties satisfactorily performed.

Fever Hospitals.

There are two Fever Hospitals within the Union, one at Cork, the other at Cove.

The Cork Fever Hospital is intended for the Sick Poor of the City and Liberties, but admits many Patients from the County; it has accommodation for 180 beds, and admitted 1,970 Patients in the year 1839, when the income was £1,621, the expenditure £1,494. It is attended by three Physicians, one of whom is unpaid. An Apothecary resides in the Institution. The duties appear to be faithfully performed.

The Cove Fever Hospital is intended for the Sick Poor of the Parish of Great Island, and of Foaty, which includes a population of about 12,000. It is capable of containing about 30 beds. In 1839, 69 Patients were treated in it; the income in that year was, £254, the expenditure £244. It is attended by two Physicians and a Surgeon, and an Apothecary dispenses the medicines. The duties of all appear to be well performed.

These two Hospitals are considered to be extremely valuable to the public at large, as well as to the Sick who are relieved in them. It is stated that no case of Fever is ever refused admission, and so high is the estimation in which they are held, that funds to meet any demands which are likely to be made on that at Cork, can, at any time, be obtained.

The proportion which the Fever cases in the Cork Fever Hospital bears to the population is as 1 to 55; at Cove, it is as 1 to 174. The total number of intern Patients that received relief in the year, was 4,138, or in the proportion of $2\frac{5}{8}$ per cent. on the Union population.

Dispensaries.

There are eleven Dispensaries within the Union. Four of these are in the City and Liberties, seven in the rural parts of the Union.

The income of the City and Liberties' Dispensaries was £1,013 6*s.*, in the year 1839; the expenditure was 1,049*l.* 12*s.* The number of Patients recommended was 14,160, or about 13 per cent. of the population of the City and Liberties.

The income of the seven Rural Dispensaries in the same year was 842*l.*, the expenditure 805*l.* 6*s.* 11,184 Patients were recommended and treated.

The total expenditure of the Dispensaries within the Union was 1,854*l.* 18*s.*, and the number to which relief was given was 43,614, which is 27½ per cent. on the whole population.

The valuation of the Union under the Poor Relief Act is 410,000*l.*; the above expenditure would therefore amount to a poundage of 1 1½*d.* on that valuation.

South and North Infirmaries.

It appears that at present, the South and North Infirmaries contain accommodation for 224 beds, which gives one for a population of 754. Comparing this extent of Infirmary accommodation with that which exists in other places, we are of opinion that it is amply sufficient for the wants of the Union, and that, when the new Workhouse is in operation, and a portion of the chronic cases which now occupy beds in these Infirmaries, are absorbed by it, this number of beds is not likely to be required.

But, though the South Infirmary is capable of containing 104 beds, and the North Infirmary 120, the Trustees of both state, that want of funds has compelled them to order that only 50 beds shall at any time be occupied in each Hospital; and it is apprehended that the diminishing resources of the latter Institution are likely to render a still further reduction necessary there. But even though 100 beds were constantly occupied, with fit cases, the utmost exertions of the Medical Officers would not enable them, under the best arrangements, to afford relief to more than from 800 to 1,000 annually; a number less, we think, than that which such a population would be likely to supply.

Infirmary relief insufficient.

These circumstances show, that though the accommodation of these two Institutions is, perhaps, more than sufficient for the wants of the Union, it cannot at present be made available for these wants, in consequence of the deficiency of the funds. In proof of this, we feel called on to observe that the Medical Officers of both Infirmaries stated, in the presence of the Governors, who concurred with them, that since the reduction was made, they are frequently obliged to refuse admission to fit objects; and as those Gentlemen must, for many reasons, be desirous of keeping the beds as fully occupied as possible, we cannot doubt that want of funds is the sole cause that the benefits of the Institutions are not more extensive.

Expediency of confining the Infirmary relief to the case of Interns.

It appeared to be a fit subject of inquiry whether, under these circumstances, it is desirable that any considerable portion of the funds should be expended on extern Patients. In reply to our queries on that head, we learned that the authorities connected with the South Infirmary, deem that species of relief to be one which ought to be continued, whilst those at the North Infirmary stated, that the funds and time of the Medical Officers would be far more usefully applied, if limited to intern patients only, leaving the extern cases generally, to be attended by means of the Dispensaries. As an argument in favor of this arrangement, we were informed that it is notorious that many of this class, are Patients of both Infirmaries at the same time, and frequently of the Dispensary also, in consequence of the facility with which recommendations are obtained to each of these three Charities. From this cause, the cost of Medicines at each Institution is much increased, the time of the Medical Gentlemen unnecessarily occupied, and the Registries are rendered inaccurate, by the total number of Patients entered being greater than that to which relief is really afforded. Another argument was that, as Medical Officers of Infirmaries are not required to attend, nor in the habit of attending the Sick, at the residences of the latter, when unable to leave them, the relief afforded to the extern Patients at Infirmaries is often unsatisfactory, and insufficient: for, when any such Patient has been there prescribed for, and subsequently becomes so ill as to be unable to appear at the Infirmary again, the Medical Officer of that Institution altogether loses sight of him, and he must either be visited by the Dispensary attendant, or remain without gratuitous Medical Relief.

And that the Externs should be attended at the Dispensaries.

For these and other reasons, it was considered desirable that the Medical Officers of the Cork Dispensary should take charge of all the extern Patients, with the exception of such as may be in need of the Surgical appliances which an Infirmary usually possesses, and which are not found at the Dispensary, and of those whose ailments may be so serious as to require that it be considered whether they should be made intern Patients. Both these however, form only a small proportion of the extern cases at the Infirmary.

These observations apply to many other Infirmaries, and appear entitled to much attention.

Fever Hospital accommodation sufficient.

The accommodation of the Cork and Cove Fever Hospitals, is, in our opinion sufficient for the wants of the Union. But we feel it our duty to state that a wish was expressed by the Subscribers and Medical Officers to the Cove Hospital, that power be given to enable them to connect with it a few beds for casualties, as accidents frequently occur in the harbour and District, which require that such provision be made: and it has been found inconvenient, sometimes impossible, to send such cases to the Cork Infirmaries.

Dispensary arrangements admit of improvement.

The arrangement for Dispensary relief in the City part of the Union would seem to admit of improvement; there is but one Dispensary in the entire City, which includes a population of 100,000. Seven Physicians and Surgeons, besides a resident Surgeon Apothecary, compose the Medical staff of the Charity, giving the Sick Poor of 15,000 to be attended by each.

The Patients or their messengers are collected in too great numbers at the Dispensary, and there must be more delay and loss of time in prescribing for them than could be wished. No public provision is made for attendance on pauper midwifery cases, and though a lying-

in Hospital in the City, supported by subscriptions, affords this class of Patients considerable relief, it is considered to be insufficient for the purpose.

The number of Medical Men employed to attend so large a population appears too few. Ten would probably be required. Besides, the payment of those now employed seems inadequate to the performance of such laborious duties, for which 180*l.* per annum, can scarcely be supposed sufficient compensation to well educated professional men, such as all these are.

This opinion was expressed by the Subscribers to the Institution.

Considering the area and population of the City of Cork, it is our opinion, that if it were divided into three Dispensary Districts, North, South, and Central, with a sufficient Medical Staff to each, in proportion to its population, and the condition of the poorer classes: and if the attendance on externs at the Infirmaries were to cease, with the exception of such cases as we have before adverted to, and a connexion established between these Institutions and the Dispensary Medical Officers, by which the latter could select and obtain recommendations for such serious and peculiar cases, as could not be done justice to in their own practice, the Dispensary relief would be more efficient, and the arrangements more convenient and satisfactory.

Under such a change, the prescriptions of all the Medical Officers might still be prepared at the present Dispensary, or by a means which would not cause any additional expense.

The three other Dispensaries of the County of the City, are intended for the Liberties and environs of Cork, in which they appear to afford sufficient relief.

The seven rural Dispensaries are also productive of much good, but they are capable of being rendered more useful, and require better regulation. Their efficiency is lessened, first by relief being given to unfit objects, and secondly by the insufficiency of the funds.

The following circumstances were stated at the meeting of Subscribers and Medical Officers at which we attended.

Glanmire Dispensary.—"Many who receive Dispensary relief are known to be possessed of 50*l.* 100*l.* and 200*l.* in Savings' Banks, independent of other property. Twelve subscribe small sums, one 10*s.* 6*d.*, one 10*s.* the others 5*s.* 6*d.* each, on the understanding that their families shall be attended by the Dispensary Doctor: some of these have large farms."

Dispensary relief given to unfit objects.

Passage and Monkstown Dispensary.—"Several unfit objects are recommended."

Ovens Dispensary.—"Some unfit objects are recommended; Farmers holding 25, 30, 50, and 100 acres of Land; some Landlords recommend all their tenants, the rich as well as the poor."

Inniscarra Dispensary.—One of the rules is that "in consequence of the distressed state of the funds, it is necessary to make increased exertions for Subscriptions, *and no Farmer holding 50 acres of Land shall be entitled to Dispensary relief, except on condition of his paying half a guinea per annum as a Subscription,* yet some Farmers holding 200 acres and upwards are attended as Dispensary Patients."

"Any Farmer subscribing half a guinea annually shall be entitled to receive assistance from the Dispensary for himself, his family, and the families of all in employment under him.

A person who is not qualified as an Apothecary, is privileged to order Medicines for any of the Farmers of the District, and the Surgeon is obliged to give them from the stock kept in the Institution."

These Medicines they in general obtain without payment.

Dunbolloge Dispensary.—"Unfit objects are recommended, persons who hold 30, 40, 50, and 100 acres of Land, are recommended by Subscribers who know their circumstances: some obtain their recommendations surreptitiously."

The following are given as instances of persons in comfortable circumstances, who receive Dispensary relief:—

"One is a 10*s.* Subscriber, he holds between 200 and 300 acres of Land, worth from 15*s.* to 20*s.* per acre."

"Another is a 10*s.* Subscriber, is in still better circumstances than the former."

"A third a 5*s.* Subscriber, has 270 acres of Land, well worth 10*s.* per acre."

"A fourth is independent and wealthy, holds about 190 acres."

"A fifth is nearly as wealthy."

"A sixth is a very independent Farmer, holding as much Land as T. H."

"A seventh a 10*s.* Subscriber, lately paid 500*l.* for the interest in a farm, having other valuable farms."

The following is a rule of the Institution. "Every 10*s.* Subscriber shall be entitled to have one person (permanently) on the sick list, and the attendance of the Physician for himself and family."

Douglas Dispensary.—Some unfit objects get Dispensary relief, for instance a Farmer who holds 100 acres of Land, having from 40 to 50 Cows was recommended, another wealthy individual was named.

Some Subscribers of one guinea get medical advice and medicine.

The want of funds arises from two causes,: a portion, as above shown, is expended on unfit objects, leaving too small an amount for those who are really entitled to relief: and many Landlords and others possessing property in the District, do not contribute at all, whilst the subscriptions of others are small in proportion to their property, the number of their tenantry, labourers or domestics, for whom they expect relief.

The information obtained on these heads was,

Cork General Dispensary.—"The Subscribers and Medical Officers state that the present funds are not sufficient to give full Dispensary relief." "There are many wealthy individuals in the City and Liberties, who do not subscribe at all, and many that do not in proportion to their property, or the number of persons in their employment.

Glanmire Dispensary.—"Several Landlords do not subscribe relatively, as regards their property, number of domestics, and tenantry.

Passage and Monkstown Union.—"The funds are considered insufficient to afford full Dispensary relief; but the Doctor is the sufferer, as he is only paid the balance in hands."

Proprietors and other wealthy persons non-subscribers.

"Some Proprietors, and other wealthy persons who are residents do not subscribe, though generally the reverse is the case."

Dunbolloge and Whitechurch Dispensary.—"The Proprietary of the Dunbolloge portion of the Dispensary District, generally, are Subscribers, but none of those who belong to the Whitechurch division, yet the latter comprises one third of the District and is the poorer part of it.

Inniscarra Dispensary.—"The Institution is in debt, some of the Landlords do not subscribe."

Ovens Dispensary.—"One of the rules authorises the Physician to refuse attendance on the tenantry of Non-subscribers, but through humanity he does attend them." "There are many Landlords, and several wealthy residents in the District, who are not Subscribers, and some do not contribute in proportion to their means."

Douglas Dispensary.—"Most of the resident Landlords subscribe, some who are not resident do not; the wealthy in the District are not contributors in proportion to their apparent means, the middle classes give as much as those who are more wealthy."

Cove Dispensary and Fever Hospital.—"Generally the Subscribers are those who have property in the District, but some such do not contribute at all, and others not in proportion to their means."

Blarney Dispensary.—"Several of the Landlords of the District are not Subscribers, and many wealthy persons who reside in it, but who are not Landlords, do not contribute." Committee is of opinion that the funds are insufficient."

The information obtained from the Trustees of the two Infirmaries, and of the Cork Fever Hospital, was to the same effect, viz.

South Infirmary.—"A considerable number of the Proprietors and wealthy inhabitants of the City and surrounding district do not subscribe."

North Cork Infirmary.—"A portion of the wealthy do not subscribe, nearly the same persons subscribe to all the City Charities, whilst many equally wealthy, contribute to none."

Cork Fever Hospital.—"Many wealthy persons, Proprietors and others do not contribute, and some not in proportion to their means. Many of the tenantry, domestics, and labourers of Non-subscribers are admitted.

Grounds assigned why funds should be raised as a portion of the Poor-rate.

The insufficiency of funds for the support of several of the Institutions in this Union, the irregularity with which the subscriptions are obtained, from parties in circumstances which enable them to contribute, and the number of persons dependent on them for Medical Relief, and the apprehension that the payment of Poor-rates, will induce some to lessen their present subscriptions, and others to withhold them altogether, appear much to influence many of the Governors and Committees of these Charities, in advocating that a more certain and equitable mode of raising funds be adopted. And whenever any alteration was suggested, we found that the opinion was, that the most satisfactory means would be to raise the necessary sums as a portion of the Poor-rate. But it is right we should observe, that several very intelligent and benevolent persons advocated this change, with the still further view of ensuring a good local administration of the funds, and a competent and responsible regulating authority, by which all the Medical Charities of the country would be conducted with efficiency, economy, and on more scientific and uniform principles.

The suggestions given on this head were,

Cork Fever Hospital.—"The regulating Committee passed a resolution in February last, in favor of placing the Charity under the Poor Law Commissioners, so that the funds for it should be raised as a portion of the Poor-rate, and that the Commissioners and Guardians might form a general and local controlling authority."

The Trustees of the North Infirmary adopted the annexed Petition to both Houses of Parliament, on the 13th of February, 1840, and the regulating Committee of the Cork General Dispensary, that which is also annexed.

Inclosure I. p. 41.

Inclosure II. p. 41.

At the Dunbolloge, Inniscarra, Ovens, Blarney, and Carrickaline Dispensaries, the Subscribers and Medical Officers expressed opinions to the same effect, namely, that it appears advisable to raise the funds as a portion of the Poor-rate, and to provide for an efficient local and general administration.

We cannot conclude this portion of the subject without adverting to the injuries done to several parties by the abuses which exist in this Union, by giving Dispensary relief to persons who are obviously in circumstances to provide for themselves. The Cess payer is injured by being called upon for a greater Rate than would be otherwise necessary: the Sick Poor are deprived of a portion of the funds, which legitimately they only have any claim on, and which, in many instances, are not sufficient to afford them the necessary relief; and the Members

of the Medical profession, those who prescribe, as well as those that supply medicines, are deprived of a share of practice and of profits which they would otherwise obtain. Against such a system the Members of that profession should, if possible, be protected, and the funds only applied to the purposes intended by the Legislature.

Regarding the question as to the Institution which ought to be provided for Infirmary relief, as one which is necessarily prospective, we proceed to consider the suitableness of the existing Infirmaries, for the purpose to which they are applied, and, incidentally, to compare the relative fitness of each, to be made eventually the sole Hospital of the District or Union.

Suitableness of either Infirmary to be the sole one of the City.

As an abstract principle, it will be admitted, that as regards intern relief, combined and central administration is more likely to be efficient and economical, than that which is detached and separate. The South and North Infirmaries must be regarded purely in reference to their intern accommodation, as that constitutes the chief object of their foundation, and because Institutions for extern relief, namely, Dispensaries, exist, which may by modification and arrangement, be better adapted to the relief of that class of Patients, whatever the required amount of such relief may be at any time.

Assuming then, that the requirements for Infirmary relief, and a judicious economy in supplying it, will, in all probability, at no very distant period, demand the consolidation of two Institutions; we proceed to make such observations on their position and structure, as a careful and impartial examination of each enables us to supply, and in so doing, we desire to express our approval of the great zeal, talents, and humanity of the several Medical Officers in carrying out the benevolent objects of the Legislature and the Subscribers.

In point of situation and structure, the South Infirmary is inconvenient and defective, its wards are low and not so airy as those, which such an Institution requires.

It abuts immediately on two public roads or streets, where on the days of admission, and attendance, the applicants for relief are congregated in considerable numbers to the annoyance of the passengers and of themselves. Its position is one of the lowest in the City; it is hemmed in on two sides, by the old, or present Work-house. Immediately in front is a twig or osier garden, which is only found in moist, low situations; on another side it lies under an abruptly rising rock, on which the Lunatic Asylum stands, and by which and the Work-house, the free current of air, so essentially necessary for all such Institutions, is impeded. In fact no stronger instance of the unsuitableness of the situation, were one to be now selected, could be given, than is afforded by some of the Medical Officers of the Institution, who recently gave an opinion, that a site half a mile from the City, entirely detached from any buildings, and on a much higher elevation, is an unwholesome one.

A sum of 600*l.* was expended on the alteration and enlargement of this Infirmary, in the year 1839, with the twofold view of enabling it to afford more relief, and of obtaining its recognition by the Surgical Colleges. On this occasion, two good wards were added to it. But this increase of accommodation does not appear to be accompanied by an increase of Funds or of Relief, for the number of beds have been since reduced, although attendance on it was recognised by the Colleges.

It is but justice to all connected with the Infirmary, to add, that it is deservedly held in high estimation by the public.

North Cork Infirmary.

The North Cork Infirmary, from its position and construction, and its capability of extension, must be regarded as a very superior Institution. It is now capable of containing 120 Patients, and, with an outlay of about 1,200*l.* in removing some small contiguous houses, and adding the space occupied by them to the Hospital-ground, could be readily made to accommodate 200, with proper apartments for the Officers and servants. Having been recently erected for an Infirmary, its wards are spacious and elevated; and though it is now nearly surrounded by buildings, which, however, do not approach very near to it, the elevation of the site, and the adaptation of all parts of the building to their proper purposes, render it airy and healthful. As regards centrality, we are of opinion that it is equally eligible with the South Infirmary, and that it is sufficiently central for public accomdation.

Regarding, therefore, the comparative capabilities of the two Institutions, we have no hesitation in expressing our opinion that, if it be considered expedient that the Infirmary Relief of the Union or District shall be administered in one Hospital, having due regard to the number of Patients of the same class, which are likely to be received into the Work-house, the North Infirmary will, with little alteration and expense, be found well calculated, and quite sufficient for the purpose.

Should such a contingency arise, regard should be had for the interests of the Medical Officers connected with the South Infirmary, who should form a portion of the Medical Staff of the General Hospital.

We cannot, however, under existing circumstances, now recommend the proposed consolidation of these two Infirmaries, according to the provisions of the Local Act, obtained for that purpose, as we find that the subscriptions to the South Infirmary are considerable; that its Trustees and Governors are anxious for its continuance; and that a portion of those of the North Infirmary, also object to any immediate change, such as that suggested. And even though that consolidation were effected, it does not appear certain that a sufficiency of Grand Jury Presentments, and of Subscriptions would be obtained for its support; and further, it may be feared that feelings would be excited which, in the present state of the Law would lessen the relief now afforded by both.

We subjoin a Table which shows the Income and Expenditure of the several public Medical Charities in the Union, and such statistical facts as we consider it necessary that you should be made acquainted with.

We have the honor, &c.

(signed) W. J. Voules,
Denis Phelan, M.R.C.S. Lond.
Assistant Poor Law Commissioners.

To
The Poor Law Commissioners.

Enclosures in foregoing Report.

Enclosure I.—North Cork Infirmary.

Copy of Petition to Parliament, extracted from Book of Proceedings of the Board of Trustees.

That your Petitioners are the Trustees and Governors administering the North Infirmary of the City of Cork, incorporated by an Act passed in the reign of His Majesty George the 2nd.

That the North Cork Infirmary is the most ancient Provincial Hospital in Ireland, having been founded in the year 1719.

That the revenues by which the North Infirmary has heretofore been supported, have been derived from voluntary contributions and Grand Jury Presentments.

That the operation of the newly enacted Poor Relief Bill for Ireland, has not only materially diminished the amount of private contributions, and obliged your Petitioners to limit the extent of relief, but your Petitioners have every reason to know, that when the Poor Rates come to be generally levied, the Rate-payers will not longer consent to the appropriation of the Grand Jury Cess for the maintenance of the Public Institutions for relieving the destitute sick.

That your Petitioners humbly submit to the consideration of your Honourable House, that a well organized and efficient administration of Medical Relief to the Poor classes, when afflicted with disease, and more especially in a country so frequently invaded by mortal epidemics as Ireland, is one of the most powerful means of checking the extension of pauperism, and thereby diminishing the number of destitute persons who must otherwise claim the relief of the Work-house.

Wherefore, your Petitioners earnestly pray, that your Honourable House may immediately pass into law, a measure for providing for the support of the Medical Charities of Ireland, out of the Rates to be levied under the Poor Law, subject to such regulations and administered in such manner as the wisdom of Parliament may determine.

(signed) James Lane, Mayor, Chairman.

13th February, 1840.

Enclosure II.—Cork General Dispensary and Humane Society.

Copy of Petition to the House of Commons.

The Petition of the undersigned Presidents, Governors, and Subscribers, of the Cork General Dispensary and Humane Society.

Respectfully Sheweth—That the Cork General Dispensary and Humane Society was established towards the close of the last century, and is the only Institution in this populous City, not merely dispensing medicine to the destitute poor, but also visiting the sick at their houses; which is efficiently done through the agency of a large staff of duly qualified Physicians.

That the expenses of so extended an Establishment are necessarily large; and its revenues have, hitherto been derived from voluntary contributions and Grand Jury Presentments, but for some years past an increasing difficulty has been experienced in raising an income sufficient for its support.

That it has become clearly manifest, the Institution can no longer be sustained from these sources, when the New Poor Law for this country comes into operation; inasmuch as subscriptions are already falling off, in contemplation of the Rates to be levied under that Act, and the amount of Presentments must be proportionately lessened—even if the Fiscal Sessions should continue to sanction any appropriation of the Grand Jury Cess in aid of the Medical Charities—a contingency which your Petitioners deem highly improbable.

That, therefore, the effective administration of Medical Relief, to the destitute classes of this country, must in future depend on some well digested measure of legislation; and your Petitioners earnestly beseech your Honourable House, immediately to enact such measures for the support of the Medical Charities in Ireland, out of the Rates to be levied under the New Poor Law, and subject to such regulations and control, as to the wisdom of Parliament may seem meet.

February, 1840.

Enclosure III.—TABLE of the several Public Medical Charities existing within the limits of the Cork Union in the Years 1839-40.

	Name and Locality of Institution.	INCOME. Subscriptions.	Parliamentary and County Grants.	From other sources.	Total.*	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	No. of Intern Patients. Infirmary.	Fever Hospital.	Total.	Number of Extern Patients recommended.	Area of Dispensary Districts.	Population of Infirmary, Fever Hospital, and Dispensary Districts.	Proportion of Infirmary Patients to the Population.	Proportion of Fever Hospital Patients to the Population.	Proportion of Dispensary Patients to the Population.	Number of Subscribers. Of £1 1s. or more.	Of less than £1 1s.	Total.	Average Cost of each Infirmary Patient.	Average Cost of each Fever Hospital Patient.	Average Cost of each Dispensary Patient.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.													£ s. d.	£ s. d.	s. d.
	North Cork Infirmary,	188 10 2	746 3 1	434 15 11	1,369 9 2	155 7 6	160 15 5	1,344 1 5	1,660 4 4	1,271	–	1,271	9,000	–	–	–	–	–	100	–	100	1 6 1½	–	–
	South Cork do., -	240 3 0	744 10 11	265 7 6	1,250 1 5	105 0 0	141 14 7	1,461 1 2	1,707 15 9	828	–	828	9,270	–	–	–	–	–	189	3	192	2 1 3	–	–
	Total, - - -	428 13 2	1,490 14 0	700 3 5	2,619 10 7	260 7 6	302 10 0	2,805 2 7	3,368 0 1	2,099	–	2,099	18,270	–	107,016	1 to 77	–	–	289	3	292	–	–	–
	Cork City Fever Hospitals, - -	336 18 0	1,250 0 0	34 11 2	1,621 9 2	280 0 0	30 9 3	1,183 18 10	1,494 8 1	–	1,970	1,970	–	–	143,339	–	1 to 80½	–	269	18	287	–	0 15 2	–
	Cove do., Co. Cork,†	51 18 0	103 16 0	– – –	255 14 0	60 0 0	11 10 0	172 10 0	244 0 0	–	69	69	–	–	12,000	–	1 to 173	–	–	–	–	–	3 10 8¾	–
Dispensaries.	Blackrock, City, -	64 4 0	62 0 0	– – –	126 4 0	100 0 0	12 0 0	20 6 9½	132 6 9½	–	–	–	1,543	–	107,016	–	–	–	46	12	58	–	–	1 8½
Dispensaries.	Cork, - - -	224 19 6	302 16 8	142 3 0	669 19 2	285 0 0	181 17 8	240 11 7	707 9 3	–	–	–	8,937	–		–	–	–	197	–	197	–	–	1 7
Dispensaries.	Douglas, - -	51 5 0	51 5 0	– – –	102 10 0	68 17 0	15 17 0	24 5 0	108 19 0	–	–	–	1,953	–		–	–	–	–	–	–	–	–	1 1⅜
Dispensaries.	Strand road, -	58 6 0	57 16 0	– – –	116 2 0	80 0 0	13 17 0	7 0 0	100 17 0	–	–	–	1,727	–		–	–	–	46	14	60	–	–	1 2
	Total of the City, -	1,164 5 8	3,214 11 8	876 17 7	5,255 14 11	1,074 4 6	556 10 11	4,281 4 9½	5,912 0 2½	2,099	1,970	4,069	32,430	–	107,016	–	–	1 to 31¾	–	–	–	–	–	–
Dispensaries.	Blarney, Co. Cork,	42 7 6	39 16 0	– – –	82 3 6	67 12 0	10 18 0	– – –	78 10 0	–	–	–	785	–	–	–	–	–	–	–	39	–	–	2 0
Dispensaries.	Cove, - - -	40 9 0	40 9 0	– – –	80 18 0	80 0 0	30 0 0	– – –	110 0 0	–	–	–	1,700	–	12,000	–	–	1 to 7	–	–	93	–	–	1 3½
Dispensaries.	Dunbollogue and Whitechurch,	39 7 0	38 5 0	– – –	77 12 0	88 8 0	19 0 0	– – –	107 8 0	–	–	–	1,324	–	7,490	–	–	1 to 5¼	–	–	22	–	–	1 7½
Dispensaries.	Glanmire, - -	79 19 0	70 0 0	– – –	149 19 0	105 0 0	27 10 0	17 7 0	149 17 0	–	–	–	1,727	–	–	–	–	–	46	14	60	–	–	1 8¾
Dispensaries.	Inniscarra, - -	61 12 0	61 12 0	– – –	123 4 0	84 0 0	47 2 0	0 9 0	131 11 0	–	–	–	1,954	–	6,600	–	–	1 to 5¾	–	–	33	–	–	1 4½
Dispensaries.	Ovens, - -	54 8 0	54 8 0	– – –	108 16 0	90 0 0	17 0 0	– – –	107 0 0	–	–	–	1,538	–	–	–	–	–	35	4	39	–	–	1 4½
Dispensaries.	Passage and Monkstown,	61 1 0	61 1 0	– – –	122 2 0	82 0 0	25 0 0	12 0 0	119 0 0	–	–	–	2,156	–	3,906	–	–	1 to 19	43	3	46	–	–	1 1¼
	Total of the County.	431 7 6	469 7 0	– – –	1,000 8 6	659 0 0	188 0 0	202 6 0	1,047 6 0	–	69	69	11,184	–	–	–	–	–	–	–	–	–	3 10 8¾	1 5½
	Total of the Union,	1,595 7 2	3,683 18 8	876 17 7	6,256 3 5	1,733 4 6	744 10 11	4,483 10 9½	6,959 6 2½	2,099	2,039	4,138	43,614	142,688	158,339	1 to 75¼	1 to 75¼	1 to 3⅝	–	–	–	–	–	–

* From the difficulty of obtaining accurate Fiscal Returns from several of these Institutions, the totals do not always correspond with the amount obtained by Subscriptions, County Grants, and other sources. Frequently the two former items do not correspond with those given in the Grand Jury Returns. This discrepancy is caused by the Subscription of one year, and the County Grant of another, being entered in the Treasurer's accounts as the income of the same year.

† Not included in the City but in the total of the County.

No. 6.

REPORT on the Medical Charities in a District comprising Unions in the Counties of Armagh, Antrim, Monaghan, Louth, and Down—By Edward Gulson, Esq. and Denis Phelan, Esq., *Assistant Poor Law Commissioners.*

Rostrevor, October 14, 1840.

Gentlemen,

In pursuance of the instructions received from your Board, we have inspected the Public Medical Institutions existing within the several Unions included in the annexed Tables, and have the honour of forwarding you a statement in detail of the nature and extent of the Medical Relief which they afford.

Armagh Union.

The *Armagh Union* contains six Dispensaries, and one entirely supported by private Funds. They are in charge of eight Medical Officers. These six Institutions cost 938*l.* 8*s.* per annum, and afford relief to 10,571 extern Patients. The duty appears to be diligently performed, and the Funds are stated to be sufficient for the intended purpose. Some of the Districts, however, appear too large, and too populous for one Medical Attendant. The Subscribers seem to feel much interested respecting these Charities, and anxious that, under any circumstances, provision shall be made for supporting them efficiently.

There is no Fever Hospital accommodation in this Union, with the exception of that provided at the expense of the Primate, which is intended for the Borough of Armagh, and which contains 40 beds. At most of the Dispensary Meetings, the Subscribers expressed a wish that provision should be made for supplying Fever Hospital Relief to that class of the poor who are not destitute when in health, but whose means cannot afford the necessary aid, or the necessary conveniences, in time of severe illness.

The contiguity of the County of Armagh Infirmary to all parts of the Union enables fit cases for that Institution to obtain admission there, when room can be had for them. To this there is one exception. The Caledon Electoral Division, being a part of the County of Tyrone, is not entitled to send its Sick Poor to the Armagh Infirmary, and it is stated by the Caledon Dispensary Committee and Medical Officer, that their remoteness from the Omagh Infirmary, about 25 Irish miles, renders it impossible for those who are in want of such relief to bear removal to such a distance.

A reference to the statistical Table will show the places at which the Dispensaries and Fever Hospitals in this, and in the other Unions are established, the income and expenditure of each in 1839, the salaries paid to Medical Officers and the cost of Medicines, the number of intern and extern Patients attended, the population and area of each District, as far as these could be ascertained, the proportions which the interns and externs bear to the Union population, and to that of the several Medical Districts, and the average cost for each Patient.

Belfast Union.

The *Belfast Union* contained five Dispensaries in the year 1839, but one of them has been lately discontinued. The year's expenditure was 479*l.* 7*s.*, the number of Patients attended was 10,849.

A portion of this Union, the rural part of the Parish of Belfast, is not provided with any Dispensary Relief. The population of this part amounts to 10,282.

It was stated by the Medical Officers of the Belfast Dispensary, that the attendance on the Sick Poor of that Town is not efficient. This was accounted for by the circumstance of these Officers not being paid for their attendance. From this the Governors who were present did not dissent.

There is a Fever Hospital in Belfast, the expenditure of which in the year was 2,292*l.* 18*s.* It admitted 2,148 Patients. It is a well regulated Institution: the Medical Attendants act gratuitously, but the duty is very efficiently performed. It has been used as a general Hospital, i. e. for the reception of Fever cases chiefly, but for that also of such serious Surgical and non-contagious Medical cases as require Infirmary accommodation. Two difficulties, however, exist on this subject. 1st. It has been considered illegal to appropriate the Funds of a Fever Hospital for the relief of those classes of Patients which are not affected with contagious diseases; and the Presenting Authorities, it is understood, take this view of the Law; and next, the Hospital is not sufficiently commodious to admit any portion of it to be used for Infirmary purposes.

Fever is stated to have been so prevalent in Belfast last Winter, that a Board of Health was constituted, and a second Fever Hospital was opened. The cost of this, from February last until it lately ceased to receive Patients, was 674*l.* 16*s.* These Funds were advanced by Government, and will be levied off the County of Antrim at large. Yet the benefits of both Hospitals are chiefly confined to Belfast and its vicinity. The causes assigned for the opening of this second Hospital in this manner were, that sufficient Funds could not be obtained for the support of the entire of the Fever Patients in the ordinary mode—by Subscriptions and County Grant, and next, that if the proper Fever Hospital were entirely appropriated to the use of Fever Patients, great injury must arise from the exclusion of Infirmary cases from it, there being no other into which they could be received.

From these and other causes, a power by which the local authorities might be enabled to raise the necessary Funds by local taxation was considered very desirable, by which means such Medical Relief as might be deemed necessary could be afforded at the expense of the locality deriving the chief advantage therefrom.

As that portion of the County of Down which forms part of this Union is very remote from the Infirmary and Fever Hospital of that County, the Subscribers at the several Committee Meetings, at Ballimacarret, and a part of Knockbreda and Hollymount, expressed a desire that the Law may be so altered as to enable them to obtain Infirmary and Fever Hospital Relief at Belfast or Lisburn, on contributing their share of the expenses incurred, and being freed from the Assessment for all distant Institutions.

This part of the Union cannot now procure either species of Relief; until lately, Patients from the County of Down were admitted into the Belfast Hospital on payment of 10*s.* 6*d.* for each, but the County of Antrim Grand Jury have intimated to the Governors that the relief must in future be confined to residents of that County; and thus the County of Down part of the population is altogether excluded. This deprivation is particularly felt in Ballymacarret, which is a part of the Borough of Belfast, and which is only separated from it by the River.

Banbridge Union.

The *Banbridge Union* contains three Dispensaries and a Fever Hospital, the total annual cost of which is 369*l.* 19*s.* The Dispensaries give relief to 8,239 Patients. Two of them appear to be carefully attended. The District of one, Banbridge, is stated to extend over so large a space, that we may with certainty assume that the duty cannot be satisfactorily performed throughout.

The Fever Hospital is at Tandragee, and is exclusively for the benefit of Fever cases occurring in that Dispensary District. During the past year 42 Patients were admitted into it. It appears to be well managed, and is considered to be very useful, both for the prevention and cure of Fever. The advantages of this Institution are extended only to a population of 10,000, the remaining population of the Union, 71,780, have no means of procuring Fever Hospital Relief. Yet there are two Institutions of this class in the County of Down, one at Downpatrick, the other at Newry, for the support of which the Occcupiers of this District are taxed. They naturally consider this a hardship, whilst they are debarred from all share of the benefits.

From the Tandragee District, Patients requiring Infirmary Relief obtain it at Armagh. The Dispensary Committees and Medical Officers, at Banbridge and at Dromore, state, that Downpatrick is too remote from them to enable their Sick Poor to derive any material advantage from the Down Infirmary. They suggest such a change in the Law as would enable them to establish Local Institutions by means of local taxation.

Carrickmacross Union.

The *Carrickmacross Union* contains but one Medical Institution—a Dispensary. It is intended for the Sick Poor of the Barony of Farney, which contains a population of 41,641. Its cost in a year was 279*l.* 2*s.*. for which 4,789 Patients received attendance.

This Dispensary District is much too large; it is in charge of one very competent Medical Officer, with whom is associated a person who is stated to possess no legal Medical qualification, and who is paid 50*l.* salary per annum.

The Dispensary duties are stated to be well performed, but by a better arrangement, more relief could be readily afforded.

This Barony chiefly belongs to two Proprietors, whose local Agents concur with the Medical Officer, that the want of Fever Hospital accommodation is an evil which requires to be remedied. These Proprietors are prepared to establish a Fever Hospital at Carrickmacross, as soon as they can ascertain the provisions which will be adopted by the Legislature to enable them to do so. They suggest that the Union Authorities should be empowered to afford any Medical Relief which the Sick Poor in the Union may require, and in that case, to be freed from the taxation of the Medical Institutions in other Unions.

Although Castleblayney is but nine miles distant, no case of Fever from the Carrickmacross District has been sent to the Fever Hospital there, or into any other.

The Monaghan Infirmary admits some cases from this Union, but the majority are not sent there. It is stated, that many who have gone to seek admission into it have been refused, for want of room. It is considered not to be sufficiently available for this District.

Castleblaney Union.

There are four Dispensaries in the *Castleblaney Union:* their annual cost is 238*l.* It is impossible that the duty in two of them can be efficiently performed—the Medical Officers being non-resident, and the District of one so large, that it would require two to perform its duties satisfactorily. A considerable portion of this Union appears therefore to require additional Dispensary Relief to that at present afforded. The number of Patients attended in the year was 3,609.

There is a small Fever Hospital at Castleblaney: its expenditure for the past year was 43*l.*, for which 33 Patients were treated. It is, in every respect, unfit for the purpose. There is no Dispensary in Castleblaney, or in a large District around it.

The advantages derived from, and the necessity for the establishment of, a Dispensary, were fully admitted and pressed by the Subscribers to the Fever Hospital, who are quite aware that the surrounding Dispensaries cannot afford the required aid to the poor of Castleblaney and its vicinity.

The want of a Dispensary is stated to be attributable to an influential Proprietor being opposed to such Institutions, though favourable to Fever Hospitals.

The Monaghan Infirmary is said to afford admission to a portion of those who require such relief; but the distance is too great to admit of the worst cases being sent there.

A local Fever Hospital and additional Dispensary Relief are stated by the Subscribers to be desirable; both to be supported at the expense of the Union.

Downpatrick Union.

The *Downpatrick Union* contains three Dispensaries and a Fever Hospital.

The annual cost of the Dispensaries is 458*l.* 18*s.*—the number of Patients who obtained relief in the year was 7,201.

More than half the population of this Union is so circumstanced as to be unable to obtain any Dispensary Relief. Two of these Institutions appear too circumscribed in area and population, and one seems to be most inconveniently large, in consequence of which, the Medical Officer states that he is obliged to resign, as he cannot perform the duty, and is unwilling to be responsible for it.

A small Surgical Hospital has been connected with the Castlewellan Dispensary, in consequence, it is stated by the Subscribers, of the inconvenience which arises from the difficulties of transmitting bad Surgical Cases to Downpatrick. Few Patients are admitted, yet its advantages are considered to be important. The parties connected with this Dispensary, and with that at Ardglass, are favourable to local Hospitals: the Funds to be raised as a portion of the Poor Rate.

The Seaforde Dispensary District being only about six miles from Downpatrick, obtains all the advantages which its Sick Poor require from the Infirmary and Fever Hospital there.

The Downpatrick Fever Hospital is chiefly a County Establishment. Patients from all parts of the County are admissible into it: and it is stated by the Governors and Medical Officers that no person affected with Fever is ever refused admission. Under these circumstances it might be supposed that a tolerable proportion of the cases would have been brought from a distance. The contrary, however, is shown by the following Return, supplied by the Resident Apothecary.

The admissions in a year amounted to 105—85 of these resided within five miles of Do wn patrick—17 resided at distances between five and eight miles from it, and 3 only came from beyond the latter distance.

Fever Hospital Relief is therefore only partially supplied to the Sick Poor of this Union.

Dundalk Union.

There are three Dispensaries in the *Dundalk Union,* the annual expenditure of which amounts to 265*l.* 5*s.* 3,045 Patients received Relief in the year. The duty appears to be satisfactorily performed.

A considerable portion of this Union is not included in any Dispensary District, namely, the entire Barony of Upper Dundalk, with the exception of a very small part of the Parishes of Louth and Faughart. The population thus left unprovided for, amounts to 23,345.

There is no Fever Hospital in this Union. The necessity for one is admitted by all the local Committees and Medical Officers. At two of these Dispensary Meetings, the Subscribers expressed a wish that the Funds for Medical Relief should be raised as a portion of the Poor Rate; and at one, Carlingford, a local Fever Hospital is considered far more likely to be useful than if the sick were sent to a central one at Dundalk, which is ten miles distant.

Infirmary Relief is obtained in a fair proportion for all parts of the Union, but the want of domiciliary attendance on the Sick Poor in the Barony of Upper Dundalk is considered to be a serious evil.

Lisburn Union.

There are three Dispensaries in the *Lisburn Union,* the annual cost of which is 295*l.* 2*s.* The number of Patients attended was 2,272. The duty of each Institution appears to be well performed.

A population of perhaps not less than 17,000 of this Union have no access to any Dispensary. The portions of the Union so circumstanced consist of the Town and Parish of Lisburn, the Parishes of Magheragall, Magheramesk, Aghalee, and Aghagallan, in the County of Antrim, and parts of the Parishes of Moira and Blaris, in the County of Down. These are contiguous to Lisburn, in which the County of Antrim Infirmary is established, but that Institution makes no provision for domiciliary attendance on the Sick Poor.

There is a Fever Hospital at Lisburn supported partly by Subscriptions, partly by local Assessment, levied off the Manor of Lisburn—the Marquis of Hertford's property. Its annual expense is 400*l.* 235 Patients were admitted in the year 1839. The Institution appears to be well managed, and its advantages are so much appreciated, that Patients are sent from parts of the country outside the Marquis's property, *and left contiguous to the Hospital to insure their admission into it.*

There is a small Hospital at Hillsboro' which contains 7 beds. Its Funds are not separated from those of the Hillsboro' Dispensary. It admits Surgical as well as contagious Cases—of the 56 admitted in a year, 21 were of the former description. The House is given gratuitously by the Marquis of Downshire. This small Hospital is stated to be a great advantage to the immediate neighbourhood of Hillsboro'. The necessity for its establishment arose from the following circumstances, mentioned at the Meeting of Subscribers by the Rector and Lord Downshire's Agent.

His Lordship is a Life Governor of the Lisburn Infirmary (which is four miles distant), to which, until lately, he was enabled to send such as required Relief, but the Grand Jury of the County of Antrim having intimated to the Governors of that Institution, and to those of the Belfast Hospital that, unless the benefits of these Charities be confined to the residents of that County, the Public Grants will be withheld, it became necessary to make some provision for his Lordship's Tenantry.

The Lisburn Fever Hospital, until very lately, admitted fever cases from the County of Down, on payment of 10*s.* 6*d.* for each. None are now admitted on any conditions.

Persons have been frequently sent to the Downpatrick Infirmary by Lord Downshire's Agent, for whom admission could not be obtained; on other occasions, application has been made and he has been informed that the Hospital was full. The distance from the Infirmary deters acute cases from going there.

Thus his Lordship though a Governor of the most contiguous Infirmary, and willing to pay for such as should require Fever Hospital Relief, at Lisburn, is unable to obtain the benefits of either Institution for his tenantry or neighbours, whilst the distance to the County of Down Institutions (to which all in the District contribute by assessment), renders them comparatively valueless to them.

Infirmary Relief is very efficiently afforded to that part of the Union which lies in the County of Antrim.

A subscription of 200*l.* was lately made for the purpose of enlarging the Hillsboro' Hospital, but it has been considered expedient to await such Legislative enactment as may arise out of this Inquiry, before any further step is taken in the matter.

Lurgan Union.

The *Lurgan Union* contains three Dispensaries, which cost 326*l.* 4*s.*, in the year 1839, and for which relief was given to 6,363 persons. The duty appears to be well performed; but as the centres of two of these Dispensaries are not half a mile distant, and their joint population is above 20,000, the existing arrangement is not well calculated to afford the required relief to all parts of these Districts.

There is no Fever Hospital in the Union.

Infirmary Relief is partially obtained at Armagh, by those who reside in the Portadown Dispensary District. From the other two, it is stated that very few are sent to the Lisburn, or to any other Infirmary.

The Subscribers at each Dispensary meeting expressed a desire to have the advantage of a Local Fever Hospital, and some means of obtaining Infirmary Relief within the Union, and that the funds should be raised by local taxation.

Kilkeel Union.

The *Kilkeel Union* contains but one Medical Charity, a Dispensary. Its annual cost is 147*l.*, for which 596 Patients are attended. The duty appears to be efficiently performed. A population of about 12,000 of this Union is included within two other Dispensary Districts.

The necessity for a Local Fever Hospital is said to be much felt here; the Fever Hospital and Infirmary at Downpatrick, are stated to be of very little value to the greater part of the Union, as they are too distant to be available. The Subscribers, therefore observe, that a more equal distribution of Medical Institutions is required, as they are taxed for those from which they derive no corresponding benefits. But, until the Poor Law is in operation, it is apprehended that a Local Institution cannot be satisfactorily established, and that some important amendment of the Law relative to Medical Charities must take place, before they can be conveniently arranged.

Monaghan Union.

The *Monaghan Union* contains three Dispensaries, and one Fever Hospital. The cost of the former in a year was 449*l.* 2*s.*, for which relief was given to 7,785 persons. The duty appears to be well performed, but two of the Medical Officers are non-resident, which in a populous District, is likely to cause inefficient or irregular attendance on that part of the District most remote from their residences.

There is no domiciliary attendance on the Sick Poor in the Town of Monaghan, or within a circle of from one to two miles around it.

The Fever Hospital is intended for the Glasslough Dispensary District, and its advantages are highly prized by the Subscribers. It admitted 156 Patients in the year. It is a well managed Institution. The population entitled to its benefits is 14,000; in the remaining part of the Union, containing a population of 55,000, there is no such relief, although the necessity for a Fever Hospital in the Town of Monaghan is stated to be very generally felt.

Infirmary Relief is obtained in the County Infirmary, for such serious cases as occur within the Union.

Newry Union.

The *Newry Union* contains seven Dispensaries, and a Fever Hospital. The annual cost of the whole is 902*l.* 17*s.* The Dispensaries afford relief to 9,864 cases in a year. The duty in some is well performed; in others, it appears to be less satisfactory. The Medical Officer of one resides at a distance of eight miles, and cannot give efficient attendance in his District. In three Districts the population is much too large, rendering it quite impossible for one Medical man to perform the duty. In the Forkhill Dispensary, it is stated that the entire population of the Parish consider themselves entitled to the Doctor's attendance; and, in point of fact, there are very few in it who do not obtain it, even without the intervention of a Subscriber.

In the Newry and Rathfriland Dispensary Districts, a considerable proportion of the Sick Poor are not visited, there being but one Medical Officer to each, and the population very great.

The Fever Hospital is at Newry; it admitted 224 cases in a year. It is a good Institution, and only a few years established. The Town is partly in the County of Down, partly in that of Armagh. It is distant from Armagh nineteen miles, and from Downpatrick thirty-one.

The Gentry of the Town have long felt that the County Institutions at Downpatrick and at Armagh, were of little value to them, compared with the wants of so populous and commercial a place. They, therefore, collected subscriptions to erect a Fever Hospital, and obtained them freely, but many conditioned that a portion of the House should be appropriated to bad Surgical cases. This is accordingly done, and the Hospital, on our visit, contained both Fever and Surgical Patients. The Governors, however, fear that this appropriation of the funds is not strictly legal, and they apprehend that the County Grants may, on that account, be withdrawn or diminished. They are, therefore, desirous that a power should be given to expend funds for this double purpose, and to authorise the Grand Jury of each County to present in proportion to the subscriptions obtained from the residents of each County respectively.

It is stated that the subscriptions are now obtained with some difficulty.

This case affords an instance of the comparative inutility of distant Hospitals to the Sick of portions even of the same County in which they are established.

Newtown Ards Union.

The *Newtown Ards Union*, with a population 53,873, contains but one Dispensary, which is intended for only a part of the Parish in which it is situated, that of Donaghadee. The population on which its benefits are conferred does not exceed 5,500; the remaining part of the Union is unprovided with any gratuitous Medical attendance whatever, the distance to Downpatrick being such as to admit of very few being sent to the Fever Hospital or Infirmary there.

A Dispensary which existed at Bangor, has been discontinued for want of funds. A respectable proprietor states that it was not satisfactorily conducted, and that funds could not be raised in consequence. At Donaghadee, Bangor, and Newtown Ards, it was stated that the want of all kinds of Medical aid for the Sick Poor is much felt.

Armagh Infirmary.

The *County of Armagh Infirmary* contains 40 beds, which are usually filled. This is the greatest number it can accommodate, as under its present arrangement, a considerable portion of the building is occupied by the Surgeon. This portion, independent of the offices appropriated to his use, would, if converted into wards, contain at least 20 beds.

The Surgeon states that the wants of the County require the number to be increased, at times to 50 or 60 beds. These, he is of opinion, would in general be filled with fit objects, though occasionally there might be vacancies. He also observed that such Patients are sometimes refused admission for want of Hospital accommodation.

At the time of our inspection, there were 39 Patients in the Hospital, of these 33 were residents of the Armagh Union, their respective homes being within a circle of eight miles around the Infirmary. We are of opinion that the present number of beds is scarcely more than sufficient for the fit Infirmary cases occurring within the Union, the population of which is 107,145.

If the entire Hospital building were converted into wards for the Sick, it might possibly be found adequate for the reception of all cases occurring within such parts of the County as are not so remote from it as to render their removal there difficult or impossible.

The convalescent Patients appear to require some ground in which to take exercise. There is land attached to the Hospital, of which a portion might be usefully converted to the purpose.

The duties of the Medical Officer are, like those of all other Infirmary Surgeons, to attend the intern Patients daily, and to prescribe for such as may be recommended, and who attend at the Hospital as externs; and these duties we believe to be faithfully and satisfactorily performed. He is paid the usual salary, namely 89*l.* 1*s.* 10*d.* received from the Treasury, and 94*l.* from the County. The Governors in addition, give him 50*l.* per annum, which was stated to be for his attendance on the extern Patients. We are not aware that for this item, the Infirmary Acts make any provision.

Antrim Infirmary.

The *Lisburn, or County of Antrim, Infirmary*, is an admirably managed Institution. It is capable of containing 51 beds, but the Governors have been lately obliged to reduce the number to 30, for want of funds, though the utmost possible economy is exercised in their disbursement.

This house was not originally intended for an Hospital, but by the exertions of the Governors and Surgeons, it has been made a very healthy and efficient Institution.

The locality of this Infirmary necessarily renders it inconvenient to a great part of the County of Antrim, for which however it is far from being sufficient, though fully so for the population of Lisburn Union, or perhaps for a greater.

At the period of the inspection it contained 33 Patients, 11 of whom resided within five miles of Lisburn, 14 between 5 and 30 miles, and 5 beyond 30 miles. The Governors owe the Treasurer upwards of 500*l.*, and apprehend they shall be obliged to limit the number of Patients still further, to enable them to liquidate this debt, as the Grand Jury only gives an annual Presentment of 500*l.*

The Medical Officers and Governors admitted that the Hospital is far from being capable of accommodating all the County Patients.

The most praiseworthy exertions are made by all parties connected with this Institution, to increase its funds.

It is kept in the cleanest possible state, the Matron feeds pigs and calves on the house offal, and turns the Garden and some Land attached to it, to the best possible account in feeding cows: the total income obtained by these means is very considerable.

APPENDIX (B.)

Reports of Assistant Commissioners.

No. 6.
Report of Mr. Gulson and Mr. Phelan on Unions in the Counties of Armagh, Antrim, Monaghan, &c.

The Governors and Surgeons are of opinion that the Medical Institutions in each Union, should be supported by a compulsory Assessment, by which they consider that convenience and efficacy would be insured.

Down Infirmary.

The *County of Down or Downpatrick Infirmary* is capable of containing 40 beds with its present arrangements, but a considerable portion of it is occupied by the Surgeon and his family; this portion if converted into wards is sufficient to contain 20 additional beds.

At present the Hospital is perhaps not more than sufficient for the wants of the population of the Downpatrick Union, which is 80,642; but were the entire converted into wards, the fit cases from a far greater population could be relieved in it.

The Medical Officer and Governors stated, that it rarely happens that fit objects are refused admission; but we cannot consider this opinion conclusive with regard to the question whether the Institution is sufficiently available for those throughout the County for whose benefit it is intended; on the contrary, many circumstances induce a different conclusion. Several highly respectable Governors of Dispensaries throughout the County, (who spoke highly of the Hospital and its Medical Officers,) stated that its remoteness rendered it of little value to the Sick Poor in their respective Districts. Added to this the great population of the County, 352,012, would be likely to supply a far greater number of Patients than that usually received into the Hospital. But any doubts on the subject will be removed by the following statistic, which the accuracy with which the intern Patients are registered enabled us to obtain.

On the 5th of January, 1839, there were 34 Patients in the house. In the course of that year 305 were admitted; of this total number of 339, no less than 169 resided within five miles of Downpatrick, 64 resided between five and ten miles from it, and 106 at a greater distance than ten miles. Thus it appears that a population contiguous to the Infirmary, not perhaps one-fourth of that of the County, supplied one-half the Patients admitted during the year.

The Institution is not debited with a sum of £94 which the Surgeon is paid annually, and which is raised as a County Presentment for that specific purpose. This item, it was said, was charged to the Gaol account, but as the Infirmary Surgeon is expected by a provision of the 6th and 7th Wm. IV. cap. 116, sec. 86, to give "his assistance and professional attendance on the prisoners and others in the Gaol of the County, to the Infirmary of which he has been appointed Surgeon, if such Gaol is situate within five miles of such Infirmary," as is the case in the present instance, the Infirmary, not the Gaol, ought to be charged with this portion of the Surgeon's salary.

The same irregular practice prevails in some other Counties.

Dundalk Infirmary.

The *Dundalk or County of Louth Infirmary* is capable of containing 50 beds. The Governors and the Medical Officer state that this number would be constantly filled by fit cases, were their funds sufficient to meet the expense of supporting them. They have limited the maximum to 36.

On the day of inspection there were 36 Patients in the Hospital, of whom 24 resided within five miles of Dundalk, five at distances between five and ten miles, and three came from beyond ten miles.

The Hospital is capable of being made available for a far larger District than that of the Dundalk Union, by such an arrangement as would enable the Governors to obtain increased funds, and would facilitate the transmission of the Patients to it.

The Governors possess £900 in the 3½ per cents, and a Bond for £200.

Monaghan Infirmary.

The *County of Monaghan Infirmary* is capable of containing 40 beds. This number is scarcely more than sufficient for the population of the Union, which is 69,137. The Governors and Medical Officers state that they are frequently obliged to refuse admission to fit cases, a circumstance to be expected, as the Institution is not adequate to the wants of the population of 195,536, that of the entire County.

This Hospital labours under several defects, which circumstances have prevented the Governors from remedying, yet notwithstanding these, the Hospital room and its funds have been made as available as possible. All connected with it however admit that the Institution should be enlarged and improved, or that an Infirmary on a larger scale and with better accommodation should be erected.

The Surgeon to this Hospital only receives £89 1*s.* 10*d.* annual salary. He is not the Medical Attendant of the County Gaol, and receives no County remuneration as the Infirmary Surgeon. Under similar circumstances, in some other Counties, the Surgeon is paid £94 per annum as a County Presentment in addition to the Treasury grant.

We have the honor, &c.

(signed) EDWARD GULSON,
DENIS PHELAN, M.R.C.S. Lond.
Assistant Poor Law Commissioners.

To the Poor Law Commissioners.

TABLE

TABLE relative to the several PUBLIC MEDICAL CHARITIES existing within the limits of the Unions referred to in the foregoing Report.

Description and Locality of each Institution.	INCOME. Subscriptions.	Parliamentary and County Grants.	From other Sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	Number of Intern Patients. Infirmary.	Fever Hospital.	Total.	Number of Extern Patients recommended.	Area of Dispensary Districts, in Statute Acres.	Population of Dispensary and Hospital Districts.	Proportion of Infirmary Patients to Population.	Proportion of Fever Hospital Patients to Population.	Proportion of Dispensary and extern Infirmary Patients to Population.	Number of Subscribers. £1 1s. or more.	£1 1s. or less than £1 1s.	Total.	Average cost of each Infirmary Patient.	Average cost of each Fever Hospital Patient.	Average cost of each Dispensary Patient.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.													£ s. d.	£ s. d.	£ s. d.
ARMAGH UNION.																							
Dispensaries. Blackwatertown	66 13 6	66 13 6	—	133 7 0	80 0 0	33 10 0	11 1 0	124 11 0	–	–	–	1,228	12,600	6,000	—	—	1 to 5	–	–	–	– – –	– – –	0 2 0¼
Caledon	47 16 0	47 16 0	—	95 12 0	77 0 0	18 4 0	4 2 0	99 6 0	–	–	–	1,531	19,583	10,141	—	—	1—6⅜	–	–	–	– – –	– – –	0 1 3½
Keady	84 7 6	84 7 6	—	158 15 0	80 0 0	51 11 0	31 16 0	163 7 0	–	–	–	1,416	18,833	16,682	—	—	1—11⅜	–	–	–	– – –	– – –	0 2 3⅜
Loughgall and Rich-hill	154 18 0	154 18 0	—	309 16 0	160 15 0	106 10 0	37 9 0	304 14 0	–	–	–	2,875	26,070	27,001	—	—	1—9⅓	–	–	–	– – –	– – –	0 2 1⅛
Markethill	68 12 6	68 12 6	—	137 5 0	93 10 0	36 13 0	9 10 0	139 13 0	–	–	–	2,115	40,418	23,924	—	—	1—11¼	–	–	–	– – –	– – –	0 2 1⅛
Tynan	55 12 6	55 12 6	—	111 5 0	70 0 0	24 0 0	13 17 0	107 17 0	–	–	–	1,406	17,045	11,539	—	—	1—8¾	–	–	–	– – –	– – –	0 1 3¼⅛
Total of Dispensaries	478 0 0	478 0 0	—	956 0 0	561 5 0	270 8 0	107 15 0	939 8 0	–	–	–	10,571	134,589	95,287	—	—	1—9	–	–	–	– – –	– – –	0 1 9⅓
Armagh Infirmary	145 19 0	683 1 10	432 4 9½	1,261 5 7⅓	279 4 11	48 12 1	958 11 4	1,286 8 4	607	–	607	—	212,755	220,134	1—362½	—	—	39	–	39	2 0 4⅝	– – –	– – –
Total of Institutions	623 19 0	1,161 1 10	432 4 9	2,217 5 7⅛	840 9 11	319 0 1	1,066 6 4	2,225 16 4	607	–	607	10,571	134,589	95,287	1—362½	—	1—9	–	–	–	2 0 4⅝	– – –	0 1 9⅓
BANBRIDGE UNION.																							
Dis. Banbridge	84 18 6	84 18 6	—	169 17 0	94 0 0	75 10 0	11 2 0	180 12 0	–	–	–	6,719	53,741	37,493	—	—	1—5⅝	–	–	–	– – –	– – –	0 0 6½
Dromore	53 12 0	53 12 0	—	107 4 0	67 4 0	30 0 0	6 10 0	103 14 0	–	–	–	837	26,300	14,910	—	—	1—18	–	–	–	– – –	– – –	0 2 5¾
Tanderagee Fever Hos. & Dis.	43 2 0	43 2 0	—	86 4 0	40 0 0	44 6 0	1 7 0	85 13 0	–	42	42	683	12,000	10,000	—	—	1—14⅔	–	–	–	0 18 6	0 1 5	
Total,	181 12 6	181 12 6	—	363 5 0	201 4 0	149 16 0	18 19 0	369 19 0	–	42	42	8,239	92,041	62,403	—	—	1—7½	–	–	–	– – –	0 0 9¾	
BELFAST UNION.																							
Belfast Infir. and Fever Hospital	1,272 6 1	600 0 0	472 14 0	2,345 0 1	117 10 0	153 9 2	2,219 6 1	2,490 5 3	410	1,738	2,148	—	—	—	—	—	—	400	1,289	1,689	1 3 2¼	1 3 2¼	– – –
„ B. H. Fever Hospital	—	674 16 0	—	674 16 0	134 0 0	28 7 2	412 9 3	574 16 5	–	313	313	—	—	—	—	—	—	–	–	–	1 16 8¾	– – –	
Total,	1,272 6 1	1,274 16 0	472 14 0	3,019 16 1	251 10 0	181 16 4	2,631 15 4	3,065 1 8	–	–	–	—	—	—	—	—	—	–	–	–	– – –	– – –	– – –
Dispen^s. Belfast	60 4 6	61 10 6	—	121 15 0	52 1 8	120 9 5	25 19 1	202 10 2	–	–	–	6,069	—	—	—	—	1¼—1	–	–	–	– – –	– – –	– – –
Chapel Lane	—	35 17 6	15 17 3	51 14 9	—	21 16 1	29 18 8	51 14 9	–	–	–	No record.	—	—	—	—	—	–	–	–	– – –	– – –	0 0 8
Ballymacarret	51 2 0	53 14 6	—	104 16 6	80 0 0	47 19 9	—	127 19 9	–	–	–	1,031	—	8,000	—	—	1— 8	28	46	74	– – –	– – –	– – –
Hollywood	40 0 0	40 0 0	5 1 0	85 1 0	40 0 0	23 10 0	0 16 0	64 6 0	–	–	–	1,558	8,064	4,693	—	—	1 3	12	7	19	– – –	– – –	0 2 5¾
Whitehouse	42 0 0	51 19 0	0 14 0	94 13 0	62 0 0	25 13 3	1 4 6	88 17 9	–	–	–	2,191	2,191	6,000	—	—	1—2¾	32	–	32	– – –	– – –	0 0 9¾
Total,	1,465 12 7	1,517 17 6	494 6 3	3,477 16 4	485 11 8	421 4 10	2,693 13 7	3,600 10 1	410	2,051	2,461	10,849	—	—	—	—	—	–	–	–	1 3 2¼	1 5 3	0 0 11⅜
CARRICKMACROSS UNION.																							
Carrickmacross Dispensary	134 8 0	134 8 0	21 9 0	290 5 0	180 0 0	43 3 0	55 19 0	279 2 0	–	–	–	4,789	67,436	41,561	—	—	1—8½	–	–	–	– – –	– – –	0 1 2
CASTLEBLANEY UNION.																							
Castleblaney Fever Hospital	10 0 0	10 0 0	11 5 0	31 5 0	10 0 0	9 18 0	23 2 0	43 0 0	–	33	33	—	—	—	—	—	—	–	–	–	1 6 0¾	– – –	– – –
Dispen^s. Ballybay	56 2 0	56 2 0	17 16 0	130 0 0	80 0 0	40 0 0	8 18 0	128 18 0	–	–	–	1,690	20,000	12,500	—	—	1—7½	–	–	–	– – –	– – –	– – –
Bellatrain	30 0 0	25 0 0	—	55 0 0	30 0 0	28 0 0	4 0 0	62 0 0	–	–	–	397	16,000	10,000	—	—	1—25¼	–	–	–	– – –	– – –	0 1 6½
Crossmaglen	92 3 0	92 3 0	0 12 6	184 18 6	60 0 0	74 9 5	14 6 3	148 15 8	–	–	–	1,192	58,400	34,000	—	—	1— 28⅞	–	–	–	– – –	– – –	0 3 1⅝
Newtown Hamilton	30 0 0	30 0 0	2 6 0	62 6 0	40 0 0	20 0 0	—	60 0 0	–	–	–	820	25,000	13,354	—	—	1—16⅛	–	–	–	– – –	– – –	0 2 5⅜
Total,	218 5 0	213 5 0	31 19 6	463 9 6	220 0 0	172 7 5	50 6 3	442 13 8	–	33	33	4,099	119,400	69,854	—	—	1—17	–	–	–	– – –	0 1 5½	
DOWNPATRICK UNION.																							
Downpatrick Infirmary	35 4 0	319 17 2½	238 15 10	593 17 0½	217 3 0	58 19 0	602 10 0	878 12 0	305	–	305	1,213	436,900	352,012	1—1,154	—	1—351⅓	8	–	8	2 17 7½	– – –	– – –
„ Fever Hospital	92 12 0	192 12 0	4 4 0	289 8 0	30 0 0	—	161 16 5¾	191 16 5¾	–	105	105	—	436,900	352,012	—	1—3,352½	—	57	18	75	– – –	1 16 6½	– – –
Dis^ts. Ardglass	72 19 6	72 19 6	—	145 19 0	80 0 0	22 10 2	159 17 1½	–	–	–	520	16,553	8,021	—	—	1—15⅓	22	37	59	– – –	– – –	– – –	
Castlewellan	90 15 0	90 15 0	—	181 10 0	100 0 0	57 6 11⅓	5 3 0	166 16 0	8	–	8	3,961	34,805	19,223	1—2,403	—	1—4⅞	30	–	30	3 1 10	0 0 8¾	
Seaforde	64 19 0	60 4 6	0 16 9	126 0 3	70 0 0	30 2 5	26 3 1	126 5 6	–	–	–	2,440	14,277	6,936	—	—	1—2⅔	–	–	–	– – –	0 0 1 0½	
Total,	356 9 6	736 8 2½	243 16 7	1,336 14 3½	497 3 0	208 1 4½	818 2 8¼	1,523 7 0¾	313	105	418	6,921	65,635	34,180	1—1,154	1—3,352½	1—4⅝	–	–	–	2 17 8¾	1 16 6¼	0 1 2⅝

[*continued*—

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Appendix (B.)

Reports of Assistant Commissioners.

No. 6.
Report of Mr. Gulson and Mr. Phelan on Unions in the Counties of Armagh, Antrim, Monaghan, &c.

TABLE relative to the several PUBLIC MEDICAL CHARITIES existing within the limits of the Unions referred to in the foregoing Report—*continued.*

Description and Locality of each Institution.	INCOME.				EXPENDITURE.			Number of Infirm Patients.			Number of Extern Patients recommended.	Area of Dispensary Districts, in Statute Acres.	Population of Dispensary and Hospital Districts.	Proportion of Infirmary Patients to Population.	Proportion of Fever Hospital Patients to Population	Proportion of Dispensary and Extern Infirmary Patients to Population.	Number of Subscribers.			Average cost of each Infirmary Patient.	Average cost of each Fever Hospital Patient.	Average cost of each Dispensary Patient.
	Subscriptions.	Parliamentary and County Grants.	From other sources.	Total.	Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Infirmary.	Fever Hospital.	Total.							£ 1 1s. or more.	Less than £1 1s.	Total.			
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.													£ s. d.	£ s. d.	£ s. d.
DUNDALK UNION.																						
Dundalk Infirmary	89 17 —	250 12 7	61 13 6	702 3 1	134 1 10	58 18 6	693 5 10	468	—	468	—	205,962	107,481	—	—	—	24	—	24	1 16 2	— — —	— 1 9½
Dispensaries { Ballymascanlan	33 6 9	93 6 9	5 19 6	72 13 —	38 — —	15 — 7	19 13 —	—	—	—	814	—	—	—	—	—	—	—	—	— — —	— — —	— 2 6½
Dispensaries { Carlingford	43 1 —	43 1 —	— — —	86 2 —	62 — —	20 15 —	3 3 —	—	—	—	750	—	—	—	—	—	—	—	—	— — —	— — —	— 1 3¾
Dispensaries { Louth	48 6 —	48 6 —	— — —	96 12 —	76 17 —	— — —	5 — —	—	—	—	1,431	—	—	—	—	—	—	—	—	— — —	— — —	— — —
Total	214 17 9	675 6 4	67 13 —	957 19 1	310 18 10	124 13 6	681 1 10	468	—	468	3,945	—	—	—	—	—	—	—	—	— — —	— — —	— — —
KILKEEL UNION.																						
Kilkeel Dispensary	70 — —	70 — —	— — —	140 — —	70 — —	72 — —	5 — —	—	—	—	596	57,020	15,000	—	—	1 to 25¾	28	90	118	— — —	— — —	— 4 11½
LISBURN UNION.																						
Lisburn Infirmary	71 7 1	539 1 10	31 3 4	711 12 3	181 16 11	67 11 3½	739 8 1½	512	—	512	1,716	492,000	316,909	1 to 619	—	1—185	10	—	10	1 19 0¼	— — —	— — —
Lisburn Fever Hospital	50 — —	— — —	292 12 3½	342 12 3½	50 — —	50 17 8	195 6 7	—	233	233	—	—	—	—	—	—	1	—	1	— — —	1 5 5	— — —
Dispensaries { Hillsboro'	51 7 —	40 — —	13 9 7½	104 16 7½	85 3 —	15 5 6½	13 1 7	—	21	21	81	15,165	10,129	—	—	—	19	13	32	— — —	— — —	— 2 5
Dispensaries { Dromara	52 1 —	52 1 —	— — —	104 2 —	85 — —	22 14 —	6 9 —	—	—	—	—	700	6,000	—	—	1— 14½	—	—	—	— — —	— — —	— 4 2
Dispensaries { Knockbreda	45 — —	45 — —	— — —	90 — —	50 — —	34 15 —	— — —	—	—	—	—	408	—	—	—	1— 14½	—	—	—	— — —	— — —	— — —
Total	269 15 1	726 2 10	357 5 3	1,353 3 2	422 19 11	191 3 6	954 5 3½	512	233	745	3,833	—	—	—	—	—	—	—	—	— — —	— — —	— — —
LURGAN UNION.																						
Lurgan	70 — —	70 — —	— — —	140 — —	60 — —	24 4 —	5 16 —	—	—	—	1,249	8,035	10,386	—	—	1— 8½	—	—	—	— — —	— — —	— 1 6
Dispensaries { Portadown	112 7 —	112 7 —	— — —	224 14 —	106 — —	57 16 —	12 — —	—	—	—	4,540	16,000	18,385	—	—	1— 3	—	—	—	— — —	— — —	— 2 9½
Dispensaries { Scarva	39 18 —	39 18 —	— — —	79 16 —	50 — —	6 3 —	5 5 —	—	—	—	614	6,500	6,492	—	—	1— 10½	—	—	—	— — —	— — —	— — —
Total	222 5 —	222 5 —	— — —	444 10 —	215 — —	88 3 —	23 1 —	—	—	—	6,363	31,135	30,235	—	—	1 4½	—	—	—	— — —	— — —	— 1 6½
MONAGHAN UNION.																						
Monaghan Infirmary	— — —	989 1 10	254 13 2	1,143 15 —	117 16 —	131 — 1	771 1 2½	399	—	399	1,807	277,472	195,536	1—490	1 to 90	—	—	—	—	2 11 1½	— — —	— — —
Glaslough Fever Hospital	130 — —	260 — —	— — —	390 — —	50 — —	5 5 —	45 17 —	—	156	156	3,180	27,300	11,000	—	—	—	—	—	—	— — —	— 13 —	— — —
Dispensaries { Castleblaney	50 5 —	50 5 —	31 3 —	131 13 —	50 — —	47 — —	11 — —	—	—	—	3,199	18,600	14,800	—	—	1— 4½	—	—	—	— — —	— — —	— — 7¾
Dispensaries { Glaslough	63 2 6	63 2 6	3 15 —	130 — —	100 — —	30 — —	20 19 —	—	—	—	3,199	27,400	14,000	—	—	1— 11	—	—	—	— — —	— — —	— 1 11½
Dispensaries { Scotstown	45 — 6	45 — 6	— — —	90 1 —	50 — —	18 11 —	20 9 —	—	—	—	1,406	36,000	15,332	—	—	—	—	—	—	— — —	— — —	— — 10¾
Total	288 8 —	1,307 9 10	289 11 2	1,885 9 —	367 16 —	231 16 1	869 7 2½	399	156	555	9,992	82000	44,152	1—490	1— 99	1— 4½	—	—	—	2 11 1½	— 13 —	— — 10¾
NEWRY UNION.																						
Newry Fever Hos. and Dispen.	— — —	— — —	— — —	580 18 —	100 — —	56 7 —	177 15 —	—	224	224	1,424	22,489	23,117	—	1—112½	1— 18	76	6	82	1 9 10	— — —	— — —
Poyntzpass	78 3 —	78 3 —	— — —	156 6 —	66 16 —	61 5 —	28 5 —	—	—	—	3,550	12,589	6,078	—	—	1— 2	—	—	—	— — —	— — —	— — 10¾
Meigh and Jonesboro'	38 10 —	38 6 —	— — —	76 16 —	30 — —	11 — —	3 — —	—	—	—	796	9,185	6,000	—	—	1— 7½	—	—	—	— — —	— — —	— 1 11½
Milltown	70 18 —	70 18 —	— — —	141 16 —	75 14 —	44 16 —	6 8 —	—	—	—	1,046	18,000	8,000	—	—	1— 8	—	—	—	— — —	— — —	— 2 5½
Milltown	30 2 6	30 2 6	— — —	78 5 —	60 — —	9 — —	9 — —	—	—	—	872	12,000	8,000	—	—	1— 9¾	—	—	—	— — —	— — —	— 2 3
Poyntzpass	67 10 —	67 10 —	— — —	135 — —	60 — —	53 — —	11 — —	—	—	—	1,026	48,000	25,000	—	—	1— 25	—	—	—	— — —	— — —	— 2 10¾
Rathfriland	69 6 —	69 6 —	— — —	138 12 —	62 3 —	51 0 —	50 8 —	—	—	—	1,131	26,000	13,304	—	—	1— 11½	—	—	—	— — —	— — —	— — —
Warrenpoint																						
Total	363 9 6	363 5 6	— — —	1,307 13 —	454 13 —	286 8 —	285 16 —	—	224	224	9,846	148,763	92,399	—	1—112½	1— 7¾	—	—	—	1 9 10	— — —	— 1 7¾
NEWTOWN ARDS UNION.																						
Donaghadee Dispensary	27 19 —	27 19 —	— — —	55 18 —	30 — —	8 — —	6 — —	44	—	44	230	5,000	5,500	—	—	1— 24	17	1	18	— — —	— — —	— 3 10

No. 7.

REPORT on the Medical Charities in a District comprising Unions in the Counties of Londonderry, Donegal, Tyrone, Antrim, &c.—By Denis Phelan, Esq., *Assistant Poor Law Commissioner.*

Dublin, Nov. 11th, 1840.

Gentlemen,

I have the honor of informing you that I have inspected the public Medical Institutions existing within the several Unions included in the annexed Tables, and forward you a detailed statement of the nature and extent of the Medical Relief which they afford.

Innishowen Union.

The *Innishowen Union* contains five Dispensaries, which are in charge of five Medical Officers, four of whom reside contiguous to their respective Institutions. The residence of the fifth is at a Distance of eight miles from that which he attends, in consequence of which, it is stated that the Presenting Sessions lately refused to grant the usual Presentment for the Charity, probably considering it unlikely that efficient attendance can be afforded to the Sick Poor under such circumstances. The duties of the other four appear to be carefully performed.

There is no Fever Hospital within the Union; consequently this species of relief is not obtained by any in it. The Medical Officers and the Dispensary Subscribers state, that Fever has been at times so prevalent, as to render it desirable that such accommodation were afforded, but they observe that subscriptions to enable them to do so cannot be obtained, as there are but few wealthy persons residing in the Union. Generally they express a wish that the Union Authorities should be empowered to raise funds on the principle of the Poor-rate, for the support of the Dispensaries, and of a Fever Hospital, if deemed necessary, but in the event of the power being given, they consider it desirable that they should be freed from taxation for similar Institutions in other Unions.

Several of the Subscribers apprehend that the subscriptions will not be readily had when the Poor-rate comes to be paid; at present several of the wealthy persons are not Subscribers to the Dispensaries of the Districts in which they are owners of property, and in which their poorer tenantry obtain gratuitous Medical Relief.

The greater part of this Union is so remote from the County of Donegal Infirmary, that serious Surgical or Medical cases are rarely sent there from it. The Subscribers consider it unlikely that under any circumstances, the Sick Poor of the Union can derive much benefit from so distant an Institution, and many of them therefore suggested the establishment of a Baronial Hospital. But they appear disposed to await the working of the Poor Law, before they would incur such an expense, expecting that the Workhouse Infirmary may, to a considerable extent, answer the same purpose.

Castlederg Union.

The *Castlederg Union* contains only one Medical Institution, namely, a Dispensary, the duties of which appear to be well performed. A part of the Drumquin Dispensary District extends into this Union.

Omagh, the County Town, is about 13 miles distant from Castlederg. Fever is of frequent occurrence in the District, but very few affected with it are removed to the Omagh Fever Hospital; the distance is stated to be the chief difficulty. The want of such an Institution, is considered by the Subscribers, (one of whom is the Agent of a wealthy Proprietor,) to be an evil that requires te be remedied. They state that the funds for it should be raised as a portion of the Poor-rate; and, failing a sufficient amount of subscriptions for Dispensaries, that these Institutions should also be supported from the same source.

Infirmary relief is stated to be obtained at Omagh, for about one fourth of those who stand in need of it. The remainder cannot obtain relief from the want of Governors in the District to recommend them, their distance from the Hospital, and from the latter being often so full as to be unable to receive them.

The funds are considered to be scarcely sufficient to afford Dispensary Relief in the District, though they appear to be very economically disbursed.

Derry Union.

The Medical Institutions of the *Derry Union*, are eight Dispensaries, a Fever Hospital and an Infirmary. Another Dispensary has been recently established at Manor Cunningham, for the parish of Raymoghy, County of Donegal, the population of which is 5,754. Having only lately received a County Presentment, its existence was unknown to me: it therefore was not inspected; but I have been informed that it is a useful Institution, and was much required.

The Medical Officer of the Muff Dispensary neither considers it to be a part of his duty to visit the Sick Poor of the District, when they are stated to be unable to leave their residences, nor to attend on such dangerous Midwifery Cases as occur amongst them. He admits that under these circumstances, the Sick are not done justice to.

The subscriptions for the Institution are chiefly supplied by the London Grocers' Company, to whom the Dispensary House belongs. There are at present only four Subscribers; for want of a fifth, none of the fundamental rules of the Institution can be altered. In its present condition, it can be of little use to the District. The private Dispensary is supported by the Fishmongers' Company; it has two branches, and gives relief to about 2,400 persons annually.

The Dispensaries are well distributed, and with three exceptions, the duty appears to be satisfactorily performed. In some the funds are stated to be insufficient to enable the Medical Officers to supply the necessary Medicines, on which account the attendance at one, (Claudy) has been made less frequent, and the Medical Attendant of the other, (Upper Cumber) rarely visits the Sick at their own residence. This Gentleman does not attend dangerous Midwifery Cases in his District, though he admits that they are likely to suffer in consequence.

Every part of this Union is within reach of the Derry Fever Hospital, an excellent Institution, which never refuses admission to Patients affected with Fever. One of the Dispensary Districts, however, being in the County of Donegal, is not permitted to send Fever Cases to it. But as the advantages of the Charity are much appreciated, the Subscribers to this Dispensary express a wish that, as their District forms a part of the Derry Union, such legislation may take place, as will enable the Poor Law Authorities to tax this District for the support of the Hospital, and that their Sick Poor may be entitled to share in the benefits of that Charity.

Some extensive Proprietors in the Union are not Subscribers to the Dispensaries, from which their poorer tenantry obtain relief.

Gortin Union.

The *Gortin Union* contains only one Medical Institution, a Dispensary, the duties of which appear to be well performed. The Subscribers state that their Funds are insufficient to pay for Medicines and Medical Attendance.

Fever has at times prevailed in the District, and a few affected with it have been sent to Omagh, but the distance is an objection with many, who refuse to go there. The Subscribers are of opinion that it is desirable that power be given the Union Authorities to raise Funds for the erection and support of a small local Fever Hospital, provided the Ratepayers make application for it. They also deem it advisable that the Dispensary Funds be raised in the same manner.

The distance from Gortin to Omagh is 10 miles, but parts of the Union are from 12 to 16 miles distant from the latter place.

Newtown Limavady Union.

The *Newtown Limavady Union* contains three public Dispensaries and a private one; the former are well distributed, and the duty appears to be faithfully performed.

Fever Patients are sent to the Derry Fever Hospital from the nearer part of the Union, but rarely from Newtown Limavady, or the more remote parts of it. The Subscribers to the Dispensary of that Town consider it desirable that power be given to establish a local Fever Hospital there, that at Derry being considered too remote from the District to enable that class of Patients to obtain much advantage from it. This view of the case is confirmed by an observation made by the Medical Officer of that Institution, who states, that very few Fever cases come to it from a greater distance than five miles.

The Derry Infirmary affords accommodation to a considerable proportion of such Patients in this Union as require it, and who reside in the County of Londonderry.

Omagh Union.

The *Omagh Union* contains five Dispensaries, a Fever Hospital, and an Infirmary. The Dispensaries are fairly distributed, but the population and area of one, that at Omagh, are so great, that it is impossible for one Medical Officer to attend all its Sick Poor.

The Funds of this Institution appear to be injudiciously distributed, in some respects. A high rent is paid for a small Dispensary Shop, which affords very insufficient room and accommodation, and the Medicines are supplied in a manner that renders the parties liable to suspicion, as to the prices charged, even though there are, I am sure, no just grounds for it.

At another, the Drumquin Dispensary, the duties appear to be insufficiently performed, and the arrangements liable to considerable objections.

I was unable to inspect the Termonmaguirk Dispensary, and merely give the returns from documents supplied to me. Some of the largest Proprietors in this Union are not Subscribers to the Dispensaries of the Districts in which they possess property. Partly on this account, and because the Funds are not obtained without much difficulty, some of the Subscribers are desirous that they should be raised as a portion of the Poor-rate. They also advocate the establishment of local Fever Hospitals, to be supported from the same source.

The Omagh Fever Hospital is a County Institution, into which Fever Cases from all parts of the County are admissible. In 1839, it received 225 Patients, 168 of whom resided within five miles of that Town. The Institution is therefore, in point of fact, chiefly useful to the Sick Poor of this Union, as its advantages are not much extended beyond its boundaries, for it is probable that a considerable number of the remaining 57 were also residing within it.

On examining this Institution, I found that the beds in which the Patients lay, did not contain a sufficiency of straw, even for persons in health; yet the Steward and Chief Nurse did not appear to consider the matter of any importance.

The subscriptions for this Hospital are chiefly obtained from the Gentry and Middle Classes residing, or possessing property in the Town and its immediate vicinity, and not even from these in proportion to their extent of property or wealth.

No fit Patient, it is stated, is refused admission; but if the number were much increased, there would not be Funds, or room enough for their support and accommodation.

All parts of the Union are sufficiently near the Omagh Infirmary to enable Patients to

be removed to it, and accordingly, this species of Medical Relief is afforded to the greater part of the more pressing Cases occurring within it.

Strabane Union.

The Medical Institutions within the *Strabane Union* are five Dispensaries, a Fever Hospital, and an Infirmary.

The Dispensary Districts are fairly distributed, but the population of some is so great, that one Medical Officer cannot attend the Sick Poor within them.

The Subscribers to these Charities complain that the subscriptions are very irregularly paid, as several Proprietors and others possessing wealth there, either refuse to give any contribution for their support, or only pay very small sums. It is apprehended that, in future, it will be very difficult to obtain a sufficiency of Funds by the present machinery, to meet the demands on some of these Institutions, and that the subscriptions to others will fall off considerably.

No subscriptions or County Grant have been obtained this year for the Strabane Fever Hospital. A few Cases only are therefore admitted into it, the Patients or the Recommenders paying for their support. Many fit objects are stated to be excluded, in consequence, yet none are sent to the County Fever Hospital at Omagh, from the greater part of this Union, nor is much benefit derived by the same class of Patients who reside in the County of Donegal Electoral Divisions from the Letterkenny Fever Hospital, which is only 10 or 12 miles distant.

This portion of the Union obtains all the advantages which the Sick Poor can require, from the Lifford Infirmary; but it is stated, that in consequence of the distance from the County Tyrone part of the Union to Omagh, the Infirmary there is comparatively of little value to it.

The Table which is annexed to this Report, gives the annual Income and Expenditure of each Institution, the number of Patients attended, and such other particulars as I have thought it necessary to insert, to show the relative efficiency of each, and the working of the whole of these Charities.

Londonderry Infirmary and Fever Hospital.

The *Londonderry City and County Infirmary and Fever Hospital,* are under the management of the same Board of Governors. It contains 72 beds for Infirmary, and 48 for Fever Cases. In the year 1839, 847 Patients were admitted into both Institutions, of whom 564 were admitted into the Infirmary, 294 into the Fever Hospital. It also supported nine Lunatics, and four Infirm Persons.

This is a well managed and a very efficient Institution.

There are two Medical Officers connected with it, a Resident House Surgeon, who compounds and dispenses the Medicines, and the chief Medical Attendant. The latter states that the above number of Beds is generally filled, and that the funds are sufficient for their support. More fit cases offer than can at times be admitted. As there is a well managed Dispensary in the City, extern Patients are not usually attended at the Infirmary, the Surgeon of which considers it a better arrangement that intern Patients only should be charged on it. He is of opinion that the more acute and serious cases are supplied from that part of the County which is within from 5 to 10 miles of the Infirmary; that its chief benefits are afforded to those within 12 miles of it; and that, if the other parts of the County were enabled to send all their fit cases to it, the accommodation of the House would not be sufficient.

At the date of our visit, the Infirmary Wards contained 69 Patients—the Fever side 16. Of the former, 43 came from within a distance of 5 miles, one from between 5 and 10 miles; five from 15 to 20 miles, and 20 resided at a greater distance than 20 miles. All the Fever Patients were residents of the City and Liberties, the boundaries of which do not extend more than 5 miles.

This Hospital appeared to contain no light or unfit Cases.

The infirm and idiotic will shortly be removed to the Union Workhouse.

County of Donegal Infirmary.

The *Lifford* (*County of Donegal*) *Infirmary,* is capable of containing 76 Beds. On the day of inspection there were 78 Patients in it. Many of these were light Cases which could have been as fairly treated out of Hospital; some were young Children who came in with their sick Mothers though not themselves ill; but, as these Children obtained the house diet, they were registered as Patients. Others had been a considerable time in the Hospital; one Girl had been there three years; and, in consequence of the length of time during which Children remain in the House, a Schoolmistress has been provided to give them some instruction—a circumstance that strongly marks the character of the Hospital, which, in some measure, resembles the Houses of Industry under the late Laws—affording support to Infirm Persons and to such as are afflicted with Chronic Ailments.

Of the above 78 Patients only 20 were in Bed. 38 resided within ten miles of Lifford, 13 between ten and twenty miles, and 27 at a still greater distance.

The Hospital is an old Building, badly adapted for its present purpose. The Surgeon states that he is frequently obliged to refuse admission to fit cases; but, if the lighter were not received, the accommodation of the House would seem to be sufficient for the District.

The duty of dispensing the Medicines to this Charity is performed by a Medical Student who possesses no professional qualification, though, by the 54th Geo. III. c. 62, s. 6, it would seem that the Legislature contemplated that the person so employed should be a Licentiate Apothecary.

In consequence of the ruinous state of this Building and its inconvenient locality as a County Institution, many of the Gentry of the more central part of the County are anxious that an Infirmary should be built at Letterkenny; and some statistical documents, which strongly show the necessity for, and the equity of, such a step were supplied to me by the Governors who advocate this change. It is, however, certain that in whatever part of the County the Infirmary may be placed, its remoteness will still render it impossible for a large proportion of the population to partake of its benefits. The 95th section of the 6th and 7th Wm. IV. c. 116, authorises the Lord Lieutenant of Ireland to order and direct that an Infirmary be erected in some more convenient part of the County, and that the County Grand Jury may present such sums as may be necessary to carry such measure into execution, as soon as a Memorial to that effect shall have been presented to him by two-thirds of the Grand Jury; which Memorial, however, has not yet been agreed on.

Omagh Infirmary.

In 1834 the *County of Tyrone Infirmary* contained only 29 Beds. It then possessed a Surplus Fund of 3,093*l.*, which has since been expended in enlarging the Institution. It is now capable of containing 105 Beds, and, at the period of our inspection, contained 140 Patients. Many of these appeared to be Chronic and light Cases, which could have been done sufficient justice to by any competent Medical Man in Dispensary practice. Many were therefore walking about the Wards—a circumstance not usual when serious Cases are chiefly admitted into a Surgical and Medical Hospital. Their admission,* however, was accounted for by some being in so destitute a condition, that unless received into the Hospital and kept there for a considerable time, they must become Mendicants, as they would not get employment to support them; whilst others were recommended by Governors whom the Medical Officer was unwilling to displease by refusals.

Notwithstanding the admission of such light Cases as are here alluded to, the Surgeon stated that he is frequently obliged to refuse such as greatly require Infirmary accommodation. This Institution affords a strong instance of the necessity of creating some competent and responsible authority to regulate and control the class of Charities to which it belongs. The Governors not only expended all their Surplus Funds in enlarging an Old House, in a bad and inconvenient situation, but are now in Debt for this Building to the amount of 932*l.*, which they have no Funds to meet. The Architect and Contractor was the same Person, and the Governors complain that the work is very badly done; in proof of which, we were shown where a portion of a staircase had to be cut away, as timber had been placed so as to communicate with the chimney flue, and this removal was necessary to prevent that part of the house from being burned, as the timber was on fire, which circumstance has more than once occurred.

Besides, the Kitchen, Washhouse, and some of the Wards, are so constantly filled with smoke as to render them nearly useless. There is no Well or Pump available for the use of so large an establishment. A Pump has been partly sunk, but it is yet useless. The Water Closets are mostly out of order, and the Common Privy one of the most abominable, unendurable places of the sort that can be imagined. There is scarcely any Sewerage connected with the Hospital.

At the rere of the Hospital there is a Garden and Ground sufficient to form a healthy walking place for the Convalescents, but no arrangement has been made to afford them such advantage. The consequences are that all the Patients remain in their Wards during the whole time they are in Hospital.

The number of Patients admitted in the Year was 272.

Of the 140 in the House on the day of our Inspection, 70 resided within a distance of five miles from Omagh, 26 between five and ten miles, and 44 beyond ten miles.

The Medical Officer appears to be very diligent in the discharge of his duties.

Derry, Lifford, and Omagh Infirmaries.

By reference to the annexed Tables it will be perceived that each Patient received into the Londonderry Infirmary cost 1*l.* 15*s.* 1$\frac{3}{4}$*d.*; into the Lifford Infirmary, 4*l.* 15*s.* 11*d.*; and into the Omagh Infirmary, 6*l.* in the same year.

At Londonderry each Bed admitted six Patients in the Year, at Lifford 4$\frac{7}{11}$, and at Omagh 2$\frac{7}{10}$.

I have the honor, &c.

(signed) DENIS PHELAN, M.R.C.S. Lond.
Assistant Poor Law Commissioner.

To the Poor Law Commissioners.

* The Doctor's words were—"some are admitted who might be treated at home, but in general they have no means of support."

Name and Locality of Institution.	INCOME. Subscriptions.	Parliamentary and County Grants.	From other Sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	No. of Intern Patients. Infirmary.	Fever Hospital.	Total.	Number of Extern Patients recommended.	Area of Dispensary Districts.	Population of Infirmary, Fever Hospital, or Dispensary Districts.	Proportion of Infirmary Patients to the Population.	Proportion of Fever Hospital Patients to the Population.	Proportion of Dispensary and extern Infirmary Patients to the Population.	No. of Subscribers. Of £1 1s. or more.	No. of Subscribers. Of less than £1 1s.	No. of Subscribers. Total.	Average Cost of each Infirmary Patient.	Average Cost of each Fever Hospital Patient.	Average Cost of each Dispensary Patient.
CARNDONAGH UNION.																							
Dispensaries. Buncrana,	£67 18 0	£67 18 0	– – –	£135 16 0	£75 0 0	£45 0 0	£18 8 0	£138 8 0	–	–	–	2,203	42,390	11,050	–	–	1 to 5	–	–	–			1 3½
Clonmany,	35 14 9	35 14 0	– – –	71 8 9	49 0 0	16 14 0	5 14 0	71 8 0	–	–	–	2,077	23,375	7,140	–	–	1—3½	14	33	47			0 8¼
Culdaff,	55 8 0	55 8 0	– – –	110 16 0	75 0 0	30 0 0	4 4 0	109 4 0	–	–	–	2,420	39,732	12,911	–	–	1—5½	–	–	–			0 10⅝
Donagh,	41 7 6	41 7 6	– – –	82 15 0	60 0 0	17 10 0	10 0 0	87 10 0	–	–	–	1,540	25,259	5,291	–	–	1—3½	–	–	–			1 1s
Moville,	72 18 7	72 18 7	– – –	145 17 2	94 0 0	40 17 0	11 0 0	145 17 0	–	–	–	1,539	35,031	10,705	–	–	1—7	–	–	–			1 11
Total of Union,	273 6 1	273 6 1	– – –	546 12 2	353 0 0	150 1 0	49 6 0	552 7 0	–	–	–	9,770	–	47,097	–	–	1—4 13/16	–	–	–			1 1 1/16
CASTLEDERG UNION.																							
Castlederg Dispensary,	55 15 0	55 15 0	– – –	111 10 0	90 0 0	24 0 0	3 13 0	117 13 0	–	–	–	2,199	60,655	12,934	–	–	1—6	–	–	–			1 0¾
DERRY UNION.																							
Derry Co. Infr. & Fever Hospital,	171 2 0	1,855 14 1	98 3 3	2,124 19 4	119 1 10	44 9 0	1,455 8 1½	1,618 18 11½	921	–	921	–	405,354	222,012	1 to 241	–	–	22	–	22	1 15 1¾	–	–
Dispensaries. Burt,	57 17 0	57 17 0	– – –	115 14 0	80 0 0	33 6 0	6 10 0	119 16 0	–	–	–	1,442	13,700	8,908	–	–	1—6⅛	–	–	–		–	1 8
Claudy,	46 14 0	46 14 0	– – –	93 8 0	45 0 0	47 6 0	– – –	92 6 0	–	–	–	3,407	30,000	9,000	–	–	1—2⅜	–	–	–		–	0 6½
Cumber, Lower,	40 3 6	40 3 6	– – –	80 7 0	30 0 0	40 0 0	16 12 0	86 12 0	–	–	–	1,500	14,782	4,584	–	–	1—3⅜	–	–	–		–	1 1¾
Derry,	118 3 6	118 3 6	1 19 0	238 6 0	100 0 0	60 18 0	57 14 0	218 12 0	–	–	–	2,845	12,817	19,620	–	–	1—7	54	47	101		–	1 6½
Glendermot,	53 15 0	53 15 0	– – –	107 10 0	50 0 0	45 0 0	– – –	95 0 0	–	–	–	1,786	21,508	10,338	–	–	1—6	–	–	–		–	1 1
No. 1, Muff, Co. Derry,	61 8 6	61 8 6	– – –	122 17 0	60 0 0	40 0 0	10 0 0	110 0 0	–	–	–	1,676	12,000	4,000	–	–	1—2½	4	4	4		–	1 3¾
No. 2, Muff, Co. Donegal,	46 4 0	46 4 0	– – –	92 8 0	76 17 1	16 6 0	5 10 11	98 14 0	–	–	–	1,676	–	6,000	–	–	1—3½	16	4	20		–	1 2¼
St. Johnstown,	68 14 0	68 14 0	– – –	137 8 0	70 0 0	48 0 0	12 0 0	130 0 0	–	–	–	5,665	27,316	11,430	–	–	1—2	–	–	–		–	0 5½
Total of Union,	664 1 6	2,348 13 7	100 2 3	3,112 17 4	630 18 11	375 5 0	1,563 15 0½	2,569 18 11½	921	–	921	19,997	–	73,880	1—241	–	1—3 1/16	–	–	–	1 15 1¾	–	0 11 7/16
GORTIN UNION.																							
Gortin Dispensary,	35 8 0	35 8 0	– – –	70 16 0	40 0 0	30 0 0	– – –	70 0 0	–	–	–	1,163	86,127	12,734	–	–	1—11	–	–	–		–	1 2½
NEWTOWN-LIMAVADY UNION.																							
Dungiven Dispensary,	45 6 6	45 6 6	– – –	90 13 0	50 0 0	50 4 0	– – –	100 4 0	–	–	–	1,580	39,327	11,460	–	–	1—7¼	–	–	–		–	1 3¼
Magilligan do.,	44 3 6	44 3 6	– – –	88 7 0	50 0 0	25 9 0	4 0 0	79 9 0	–	–	–	723	13,869	3,821	–	–	1—5½	–	–	–		–	2 2½
Newtown-Limavady do.,	47 0 0	47 0 0	– – –	94 0 0	54 4 0	31 18 0	19 15 0	105 17 0	–	–	–	1,515	42,440	15,754	–	–	1—10½	–	–	–		–	1 4¾
Total of Union,	136 10 0	136 10 0	– – –	273 0 0	154 4 0	107 11 0	23 15 0	285 10 0	–	–	–	3,818	–	3,1035	–	–	1—8⅛	–	–	–		–	1 6
OMAGH UNION.																							
Omagh Infirmary,	12 12 0	1,177 0 3½	11 1 3	1,200 13 6½	210 15 0	61 17 3	1,362 5 11½	1,634 18 2½	272	–	272	–	596,287	304,468	1-1120 1/10	–	–	4	–	4	6 0 0	–	–
Omagh Fever Hospital,	89 4 6	178 9 0	– – –	267 13 6	60 0 0	24 10 0	201 14 5	286 4 5	–	225	225	–	–	–	–	–	–	–	–	–		1 5 6	–
Dispensaries. Dromore,	48 11 0	48 11 0	– – –	97 2 0	60 0 0	15 7 0	6 7 0	81 14 0	–	–	–	761	25,492	10,422	–	–	1—13¾	–	–	–		–	2 1⅜
Drumquin,	45 0 0	45 0 0	– – –	90 0 0	57 7 0	41 9 0	– – –	98 16 0	–	–	–	1,560	54,022	7,785	–	–	1—5	–	–	–		–	1 3½
Fintona,	40 1 0	40 1 0	– – –	80 2 0	40 0 0	34 8 0	9 12 0	84 0 0	–	–	–	1,300	23,052	11,787	–	–	1—9	–	–	–		–	1 3½
Omagh,	41 16 0	41 16 0	– – –	83 12 0	80 0 0	34 7 0	10 0 0	124 7 0	–	–	–	1,888	57,632	24,871	–	–	1—13½	–	–	38		–	1 3⅜
Termon Maquirk,	35 11 0	35 11 0	– – –	71 2 0	40 0 0	20 0 0	– – –	60 0 0	–	–	–	1,792	39,725	10,307	–	–	1—5⅜	–	–	–		–	0 8
Total of Union,	312 15 6	1,566 8 3½	11 1 3	1,890 5 0½	548 2 0	231 18 3	1,589 19 4½	2,369 19 7½	272	225	497	7,301	–	65,172	1-1120 1/10	–	1—9	–	–	–	6 0 0	1 5 6	1 2⅜
STRABANE UNION.																							
Lifford Infirmary,	22 1 0	983 1 10	171 9 6	1,176 12 4	297 16 0	22 9 10	874 3 9	1,194 9 7	249	–	249	–	896,000	289,149	1-1161	–	–	3	–	3	1 15 11¼	–	–
Dispensaries. Clouleigh,	55 15 0	55 15 0	– – –	111 10 0	80 0 0	44 0 0	11 14 0	135 14 0	–	–	–	2,015	12,517	6,020	–	–	1— 3	–	–	–		–	–
Dunnemanagh,	53 14 0	53 14 0	– – –	107 8 0	70 0 0	18 0 0	3 11 0	101 11 0	–	–	–	1,201	39,396	10,480	–	–	1— 8¾	25	2	27		–	1 4¼
Newtown-Stewart,	56 2 7	56 2 7	– – –	112 5 2	60 0 0	37 0 0	8 0 0	105 0 0	–	–	–	1,541	44,794	18,662	–	–	1—12½	–	–	–		–	1 8¼
Raphoe,	55 6 0	55 6 0	– – –	110 12 0	80 0 0	14 10 0	4 9 0	98 19 0	–	–	–	861	33,306	12,017	–	–	1—14	29	4	33		–	1 4¾
Strabane,	69 11 10	69 11 10	– – –	139 3 8	92 6 0	25 0 0	17 14 0	135 0 0	–	–	–	3,722	30,240	17,701	–	–	1— 4¾	28	3	31		–	2 3½
Total of Union,	312 10 5	1,273 11 3	171 9 6	1,757 11 2	680 2 0	160 19 10	919 11 9	1,770 13 7	249	–	249	9,340	–	64,880	1-1161	–	1—6 1/16	–	–	–	4 15 11¼	–	1 2¾

Appendix (B.)

Reports of Assistant Commissioners.

No. 8.
Report of Mr. Hawley, Mr. Phelan, and Dr. Corr, on Unions in the Counties of Limerick, Tipperary, Clare, Kerry, &c.

No. 8.

REPORT on the Medical Charities in a District comprising Unions in the Counties of Limerick, Tipperary, Clare, Kerry, &c.—By W. H. T. Hawley, Esq., D. Phelan, Esq., and Maurice Corr, M.D., *Assistant Poor Law Commissioners.*

Clonmel, Dec. 22, 1840.

Gentlemen,

In accordance with the instructions which we received from your Board, we have inspected the several Public Medical Institutions existing within the Unions comprised in the annexed Tables, and have the honour of giving you a detailed account of the nature and extent of the Relief afforded in each, within the last completed year, for which the Returns could be obtained, being in general the year 1839, or 1839—40.

Limerick Union.

The *Limerick Union* contains twelve Dispensaries, one Fever Hospital, and two Infirmaries.

City of Limerick Dispensary.

The Dispensary for the City of Limerick appears to be very insufficient for the wants of the Sick Poor of that City. It is stated that, for want of Funds, the most ordinary and the most essentially necessary Medicines are not supplied by it. Two Medical Officers have been engaged to visit the Sick at the residences of the latter, when unable to attend at the Dispensary; but, from the same cause, the salaries promised them, viz. 20*l.* per annum to each, have not been paid. Beside, one of these is the Medical Attendant of a rural Dispensary, at a distance of 6 miles from Limerick. Under these circumstances, it is scarcely to be expected that so continuous and onerous a duty should be performed; and in point of fact it is, we understand, but very imperfectly performed. There is no record of the number of persons visited by these Gentlemen, and it appeared that, as they are not paid, the Subscribers do not expect that they should devote to the duty that time and attention which would otherwise be insisted on.

Dispensaries.

The Funds of this Institution are obtained with great difficulty. The Treasurer stated that he despairs of supporting it by means of Subscriptions and County Grant. This opinion appears to be corroborated by the state of the Subscription List. There are in all only 48 Subscribers, contributing 119*l.* 11*s.* Many of the most wealthy Proprietors, and others in the City and Liberties, are not Subscribers to this Dispensary. For these reasons, those who attended our Meeting were unanimous in declaring, that a sufficiency of Funds for the Institution are not likely to be obtained otherwise than by a compulsory Assessment, somewhat or entirely on the principle of the Poor-rate.

The rural Dispensaries are not in general judiciously distributed. The Districts for which they should be intended are not properly defined; and as, in addition, six of the Medical Officers reside at considerable distances from their respective Institutions, the duties, it is to be apprehended, are but insufficiently performed.

Limerick Fever Hospital.

The Limerick Fever Hospital gives very considerable Relief to the Fever Patients of the City, and of a District of eight or ten miles around it. It is almost entirely supported by an Assessment, which is levied off the County, and the County of the City. No fit object is ever refused admission there. The Funds are said to be insufficient for the demands on the Institution, which owes the Treasurer a considerable sum.

Under these circumstances, that Gentleman and those who attended the Meeting agreed that under the present system, a sufficiency of Funds are not likely to be had; and they wished us to record it as their opinion, that these should be raised as a portion of the Poor-rate.

This building was not originally intended, and is not well calculated for a Fever Hospital. It requires the outlay of at least 500*l.* to keep it in tolerably habitable condition. It appears to be capable of accommodating such Fever cases as would be likely to occur within the Limerick Union, to which, in point of fact, the Relief afforded by it is now in a great measure confined.

County of Limerick.

The County of Limerick Infirmary is a very commodious Institution, capable of accommodating 104 Patients. It is intended chiefly for the County of Limerick, but admits some City Patients. It appears sufficient for the wants of the District, yet it is stated that many *fit objects* are refused admission for want of room. One cause of this seems to be, that a judicious mode of selecting the Patients (not including casualties) has not been adopted, as the Medical Officers feel obliged to give a preference to light cases, even though far more serious at the same time present themselves, this being a provision of one of the Infirmary Acts. Were none such admitted, this Institution, with some modification, could be made exceedingly available, and no doubt will become so, when the Workhouses of this and of the surrounding Unions, absorb the chronic and less serious cases now pressed on the Infirmary. In point of fact we were given to understand, that many of the class of Patients, to which we allude and object, are in such a destitute condition, that it is an object to them to remain in the Hospital as a place of support until they are enabled to obtain employment. But they could be as fairly treated outside as Dispensary Patients.

City of Limerick Infirmary, or Barrington's Hospital.

The City of Limerick or the Barrington's Hospital is intended for the County of the City of Limerick. It is a very fine Institution, built and fitted up at the expense of Sir Joseph Barrington and his family. It is at present capable of accommodating 120 Patients; but, for want of Funds, it now only admits 16. Objects greatly in need of Infirmary Relief are daily refused admission on this account.

The Grand Jury Acts authorize the City Presenting Authorities to grant 1,400*l.* per annum for this Institution; but, from some peculiarities in the local Assessment here, only 200*l.* are granted annually for it.

The Subscriptions to it are also very small, and by no means in proportion to the number or circumstances of the Proprietary and other wealthy inhabitants, many of whom are stated to be Non-subscribers to it, as well as to the County Infirmary.

The state of this very fine Institution, and the wishes of the Governors as to the necessary means of carrying out the views of its benevolent Founders, are fully described in the accompanying document, marked A, "Barrington's Hospital," from which it will be perceived that these Governors are unanimous in desiring, that the Funds for the support of the Institution should be raised on the principle of the Poor-rates.

There are no efforts made by the Working classes in this Union to obtain Medical Relief, independent of the Public Charities; but several with whom we conversed on the subject consider it desirable that their attention be turned to it.

Newcastle Union.

The *Newcastle Union* contains six Dispensaries and one Fever Hospital.

Dispensaries.

Some of the Dispensaries are not judiciously distributed, and as the Medical Officers of three are non-resident in their respective Districts, it is not likely that the duty is well performed. For instance, the Abbeyfeale Dispensary has three branches, one at that Town, one at Attea, the third at Ardagh. The first is thirteen statute miles from Newcastle, where the Medical Attendant resides; the second is almost equally distant, and the third is six miles from his residence. Under such circumstances it is impossible that the Sick Poor can be attended, and in fact it was admitted by the Subscribers, that such is and must be the case, and that his non-residence is a serious evil. Yet, whilst a large proportion of the Sick Poor—the legitimate objects, do not obtain relief, substantial farmers, persons, for instance, having twenty cows in their possession, and others comparatively wealthy, are recommended by Subscribers, and get medicines and medical attendance from the Institution.

Fever Hospital.

The Newcastle Fever Hospital is capable of accommodating 24 Patients; at the period of our inspection there were only 10 in it, of whom 9 resided within five miles of that Town.

The District from which Fever Patients are usually admitted is nearly the same as that of the Union, for which it is thought the Hospital will be nearly sufficient.

Board of Health established.

In May last the Institution owed the Treasurer 100*l.*, when a Board of Health was established, and funds for its support obtained from Government, which funds, however, are to be assessed on the County at large. Had not this step been taken it is stated that the Hospital must have been then closed.

In the several Dispensary Districts of the Union, several whose tenantry obtain the advantages of gratuitous Medical Relief, are Non-subscribers. Lord Devon's Agent states, that from a property lately sold for 500,000*l.* scarcely any subscriptions are had. For this and other reasons, he and the Subscribers who attended, wish that the necessary funds should be raised as a part of the Poor-rate.

Infirmary Relief is given in the County Infirmary to a portion of the fit objects from this District; but many return from want of room in that Institution, from which circumstance and its remoteness, it is deemed to be insufficient for the wants of the County.

The Subscribers advocate the practice of having a few beds for casualties in the Fever Hospital, or in a couple of wards connected with it.

Rathkeale Union.

The *Rathkeale Union* contains seven Dispensaries, and two Fever Hospitals.

Dispensaries.

The Dispensaries are fairly distributed, and the duty in general appears to be well performed.

The returns with which we were supplied by some of the Medical Officers in this Union, strengthen an opinion which we before entertained, that no great dependence can be placed on the extent to which relief is said to be afforded by some Institutions.

At the Pallaskenry Dispensary, we were informed that the Medical Officer attended 117 cases of Midwifery last year; none of the Patients he said died, though all were stated to be cases of a dangerous nature. He also stated that 859 persons in Fever were attended by him within the year.

It is very unlikely that the population of the District would afford so many Patients of either class.

Sale of the Dispensary Medicines for the private use of the Medical Attendant.

This gentleman is permitted to sell any Dispensary Medicines which may be demanded of him, and to reserve to himself three-fourths of the sum received for them, paying the remaining fourth into the Dispensary fund. By this means a direct temptation is held out to him to dispose of as much Medicines as he can, and as these are paid for out of the funds of the Institution, it appears to us, that this practice is no less illegal, than it is opposed to the interests of the Charity.

The cause assigned for this regulation is the great distance from Pallaskenry to Limerick, the nearest place in which any Apothecary resides, but this does not seem sufficient to warrant such an interference with public funds.

Fever Hospitals.

The Rathkeale Fever Hospital is capable of accommodating 24 Patients;—there were only five in it when we inspected the Charity, all of whom resided within three miles of the town.

Surgical cases treated in the Rathkeale Fever Hospital.

Surgical Patients are occasionally admitted into this Hospital, about 35 such are stated to have been received within the year. It was observed to be a great desideratum to possess

Fever Hospitals.

an Institution in which serious casualties could be treated, as the County of Limerick Infirmary is 15 miles distant from the greater part of the District.

We were informed that no Fever case is ever refused admission into this Hospital, but there would seem to be some mistake on this point, as the Subscribers to some of the Union Dispensaries stated, that Fever Patients had been often sent by them to it, and were not admitted.

This Institution, though nominally a Fever Hospital, is used for Dispensary purposes.—The Medical Attendant stated, in the presence of the Subscribers, that unless he were to visit and give medicines to the tenants and domestics of the latter, many of them would not contribute funds for mere Fever Hospital Relief. But, as there is in the same Town a Dispensary, attended by two competent Medical Officers, this irregular appropriation of Fever Hospital Funds appears to be injudicious and would be unnecessary were there not some local feelings which probably induce some of the Subscribers to support one Institution, and to make use of its Medical Officers, whilst others act in a contrary manner; such duplicate machinery is however always sure to be productive of unnecessary expense, and to render such Institutions less efficient.

Adare Fever Hospital.

The *Adare Fever Hospital* was built by the Earl of Dunraven, and is given rent free to the public. It is capable of containing 18 beds in the Fever Wards, with a residence for a Medical Attendant, of which, however, he does not avail himself. At the period of our visit, it contained 18 Patients, all of whom had resided within four miles of Adare. Fit objects are frequently refused for want of funds. The chief benefits of the Institution appear to be conferred on the District within five miles, or perhaps less, of Adare.

The Institution is greatly in want of bed-clothes and of various other necessary articles.—The discipline and cleanliness of the House were not such as could be approved of, for instance, the Porter sleeps in a convalescent ward, in which we learned that grown females are occasionally put along with him, though there are spare rooms in the adjoining house.

There is no Infirmary in this Union, but from those portions of it which are more contiguous to Limerick, many are admitted into the County Hospital.

We were however informed by the Subscribers to the Glynn, Shanagolden, and Askeaton Dispensaries, that, owing to the distance to Limerick, and there being but few Governors in these respective Districts, that Institution is of little value to them. The same remarks were applied to the County Fever Hospital.

At these three places the Subscribers advocated the establishment of District Fever Hospitals, and stated their belief that the public would willingly tax themselves for them, under judicious regulations. In each Dispensary and Fever Hospital District, there are several Proprietors and other wealthy persons, who do not subscribe to any of these Charities. For this reason, and because a sufficiency of funds cannot be obtained, for some, without much difficulty, and cannot by any exertions, be procured for others, the feeling on the part of the Subscribers is very general, that the necessary amount should be raised as a portion of the Poor-rate. Under such a system they would expect a better general and local regulation and control over each Institution; and that their efficiency would be greatly improved.

Ennis Union.

Dispensaries.

The *Ennis Union* contains six Dispensaries, a Fever Hospital, an Infirmary, and a Lying-in Hospital.

The character of the Dispensaries in this and the Scariff Union, is not such as could be desired, and the general opinion amongst the Subscribers and the public is, that in some of the Districts, the relief given is very inadequate to the wants of the Sick Poor, or to the capability of these Institutions.

In this opinion we concur. The subscriptions paid by the Proprietary and other wealthy parties, who may be considered the legitimate persons from whom such contributions might be expected, are but very small. The friends of the Medical Officers, and the latter themselves, subscribe in considerable proportion; and as the former have comparatively but little property in the District, and therefore, have no great inducement to subscribe, except to be enabled to appoint the Medical Attendant, and to keep up the funds, so that he should be paid the salary allowed by the Grand Jury, (which is fixed at a maximum of 60*l.* per annum), it is scarcely to be expected that the local control could be sufficiently stringent, and the consequence we believe to be as above stated.

Four of the Medical Officers of Dispensaries in this Union are non-resident.

Fever Hospitals.

The Ennis Fever Hospital is a County Establishment, capable of containing 200 beds, but provided with 156. It was built chiefly by County Funds, and receives Patients from all parts of it. No fit objects are ever refused admission. There is no other Fever Hospital in Clare; and as Fever prevails much through all parts of the County, Patients are sent to this Institution from greater distances than we have found to be the case elsewhere.

The injurious consequences are forcibly pointed out in one of the reports of the four attending Physicians, who observe, "Many are admitted who have been for ten days or a fortnight ill at home. To persons in this stage of Fever, *a long journey in this inclement weather, often produces irreparable mischief.*"

Of 119 Patients in the Hospital when we inspected it, 76 resided within 10 miles of Ennis, 43 came a greater distance, some more than 20 miles.

The Committee and Medical Officers of this Institution and of the County Infirmary, advocate the establishment of District Hospitals, in the other Unions, from their experience of the insufficiency of their own to meet the wants of the Sick Poor in remote parts of the County.

There are no Subscribers to this Institution, it is entirely supported by County Assess-

ment, 500*l.* of which is directly obtained by Presentment, the remainder through the intervention of the Board of Health, under which it has been conducted for some years.

Whenever the General Board of Health withdraws the funds which it now advances to the Fever Hospital, and which in 1839, amounted to 1,318*l.*, the relief given by that Institution must be diminished in the same proportion, as it will, it is said, be impossible to obtain any subscriptions for it.

The County of Clare Infirmary is capable of accommodating 72 Patients, and is a very fine Institution of the kind. It is almost entirely supported by Public Funds, obtained chiefly by assessment. The amount of subscriptions last year was only 8*l.* 6*s.* Fit objects for relief are stated to be refused admission, even when they apply a second and a third time. The admission of Interns takes place on Sundays, a practice which appears of rather doubtful utility, though it is said to have been intended for the convenience of the Sick, in the expectation that they could the more readily obtain the means of conveyance. It is thought that if persons were admitted on payment of a moderate sum, advantages would result from it. Though there are two fields and a garden connected with the Hospital, the space for Convalescent Patients to walk in is very small, and is within the immediate precincts of an open privy, and is therefore but seldom resorted to. The sewerage is very bad, and the pumps are useless, from their contiguity to this privy, the water being rendered unfit for drinking.

Infirmary.

The Lying-in Hospital has been sometime in operation, but only became a public Institution this year. It is the only one we have met for which a County Grant has been obtained. We are not aware that provision has been made by the Legislature for such a source of supplying Funds to Institutions of this nature; but it confers considerable advantages on the class of Patients admitted into it.

Lying-in Hospital.

Some circumstances connected with the Ennis Institutions appear to require remark here. In 1839, the amount of County Funds expended in the Ennis Fever Hospital and Infirmary was 2,430*l.*, whilst that given for all the Medical Institutions of the County was only 1,592*l.*; yet, during that period, there was no provision for any domiciliary attendance on such of the Sick Poor of the Town and vicinity of Ennis as were unable to leave their residences. A far larger proportion of the Public Funds was therefore expended on the small population of Ennis, and the tract of country included within 10 miles of it, than on that of the entire County beside. The Infirmary is attended by two Surgeons, who, previous to this year, were paid 94*l.* each, by the County, along with the Treasury Grant of 89*l.* 1*s.* 10*d.* Last year, the going Judge of Assize refused to *fiat* the Presentment for more than 94*l.*, the Grand Jury Act fixing that as the *maximum* to be paid, whether there were one or more Surgeons to the Institution. By this Act, the Surgeon or Surgeons must have given his or their attendance and professional assistance to the Prisoners in the County Gaol, to entitle him or them to this 94*l.* The father of one of the Infirmary Surgeons is Physician to the Gaol, and is paid the full salary allowed by Law. It would therefore seem that the attendance of others would be unnecessary, or at least, that when the proper Officer was paid, no other could obtain any remuneration. When the County Grant was thus reduced by one half, a Dispensary was established in Ennis, avowedly to compensate the two Surgeons who were put in charge of it, for the loss of this 94*l.* The District included within it is stated in the printed Rules to be "Ennis and its Vicinity." On inquiry, we found that the Medicine shop of this Dispensary is kept in the Infirmary; that the attendance given there to Dispensary Patients is only that which had before been given by these Officers to the Externs at the Infirmary, and which similar Officers give as a portion of their Infirmary duties; and that there is no record of the number of Patients visited at their residences. From these, and other circumstances, we apprehend that this latter portion of the duty is but imperfectly performed, and inasmuch as a considerable population intervenes between the Town of Ennis and the surrounding Dispensary Districts, we know that this population is unprovided with any public attendance whatever. We think that were such an Institution established with the *bona fide* view of providing domiciliary, as well as other attendance for the Sick Poor, care would be taken to make this very necessary provision. The facility with which a County Grant was obtained, we believe illegally for a local Lying-in Hospital, is another curious feature in the Fiscal Business of this District.

Ennis Institutions.

Ennis Dispensary.

Some efforts are made by the members of the Temperance Society at Ennis to obtain Medical Attendance, independent of the public Institutions. It is thought very desirable to encourage such efforts.

Many Owners and other wealthy persons possessing property in the Dispensary Districts of this Union, are Non-subscribers, and some only contribute very disproportionably to the extent of their properties.

The *Scariff Union* contains three Dispensaries. The duties appear to be fairly performed at one (Tulla), and but imperfectly by the other two. This species of relief is not sufficiently afforded, even to those who reside contiguous to Killaloe and Scariff, where we learn, the Visiting department is not in proportion to the wants of the Sick, and where the arrangements, on the whole, are imperfect.

Scariff Union.

Dispensaries.

For instance, at Killaloe, the Medical Officer does not attend Midwifery Cases, even when pauper females are in want of the assistance of the Accoucheur. He is entitled to 5*s.* for each visit he pays any pauper outside that Town. The consequences naturally are, that scarcely any domiciliary visits are made by him gratuitously, without which, such an Institution is of comparatively little value.

The Killaloe Dispensary affords an instance of the inconvenience arising from not in-

cluding a portion of a contiguous County in the District of the Institution. That Town is divided from the County Tipperary by the River Shannon; the near part of Tipperary is connected with the Birdhall Dispensary, the Medical Officer of which resides at Castleconnel, about six miles from this part of his District. Were it included in that of the Killaloe Dispensary, the convenience of all parties would be much consulted.

There is no Fever Hospital in the Scariff Union. The Subscribers and Medical Officers of the Scariff and Killaloe Dispensaries state, that though Fever prevails much amongst the poor, such Patients rarely go to the Ennis Fever Hospital. They advocate the establishment of a similar Institution in the Union, but on a small scale.

Infirmary Relief is obtained at Ennis only by a small portion of the lighter cases, the distance being too considerable for those of a more serious nature to admit of removal thereto. But, except for a portion of the Tulla Dispensary District, the Ennis Infirmary and Fever Hospital are considered to be of little value to the Sick Poor of the other Districts, being too distant from them. The greater part of one large parish (Feacle), is so remote from any Dispensary as to be altogether deprived of the benefits of such Institutions.

A considerable portion of the wealthier classes do not subscribe to these Dispensaries, the Funds for which are chiefly obtained from the relatives and friends of the Medical Officers. From these and the other circumstances here enumerated the general feeling at the Dispensary Meetings was, that the necessary Funds for the support of Dispensaries, and also of local Fever Hospitals, should be raised on the principle of the Poor Rate, due provision being made to ensure a good local administration, and the appointment of competent Medical Officers.

On the expected appointment of a Surgeon to the Scariff Dispensary lately, several relatives, and other personal friends of the Gentleman who was elected, became Subscribers; but having secured the situation for him, and not possessing much property in the District, many of them have this year ceased to be Subscribers.

Nenagh Union.

The *Nenagh Union* contains eight Dispensaries, and three Fever Hospitals.

Dispensaries.

The Dispensaries are fairly distributed, and the duty in some appears to be well performed. But the population and area of others are so great, that it is impossible for one Medical Officer to attend and visit the Sick, and we believe much of the more necessary part of the domiciliary attendance is omitted, a fact which the Medical Men themselves acknowledge. To this want of efficiency other circumstances greatly contribute. It is a Rule of the Burrisokane Dispensary, for instance, that the Tenants of those who subscribe 2*l.* or upwards annually shall be visited when necessary by the Medical Officers. But as there are only nine Subscriptions to that amount in an extensive District, containing a population of 16,576, and as this Rule is pretty fully carried out, a large majority of the Sick Poor must be unattended when unable to go to the Dispensary.

The Medical Attendant of another, that at Toomavara, is old and apparently so inert, that it is evident he is physically inadequate to the discharge of the active duties of his District. We saw enough there to induce us to believe, that this Dispensary is of very little value to the Public, and in this opinion we are confirmed by local parties, who stated that the duty is not satisfactorily performed.

Portroe Dispensary.

The Portroe Dispensary affords perhaps the most perfect evidence to be met with of the want of Infirmary or Fever Hospital accommodation for the Sick Poor, and of judicious arrangement for Dispensary Attendance. This Institution is intended for a population of about 16 to 17,000. It includes an extensive Mining District, where serious accidents frequently occur. The Medical Attendant resides in the Town of Nenagh, 8 miles from the Dispensary, and more than 12 miles from those Mines and other parts of his District. He is only required to attend the Dispensary upon two days in each week, and it is not part of his duty to make domiciliary visits, except upon these days.

Fever Hospitals.

The Nenagh Fever Hospital is capable of accommodating 86 Patients, and is provided with that number of Beds. It admits all cases of Fever that offer, no matter from whence they come. There is at present no want of Funds, but the Committee state, that a lage majority of the Proprietors and other wealthy Persons, whose Tenantry and Domestics obtain Relief, do not subscribe at all, whilst others contribute but very moderately relatively with their respective properties. A considerable portion of the Funds are obtained in a manner which appears to be very objectionable.

The Institution is attended by four Medical Officers. They are elected annually, and as the appointments are thrown open to all qualified persons, and the competition is considerable—the relations and friends of each Candidate subscribe, in order to ensure his election or re-election.

This is not a legitimate mode of raising Funds for such an Institution, as it taxes parties who have no direct interest in its prosperity. But even though it were, it is here attended with serious disadvantages, which we know to occur under similar circumstances elsewhere. It causes considerable excitement and angry feelings amongst the friends of the different Medical Men, who themselves are but too apt to participate in them, whilst persons so subscribing, and in such relation with the Medical Officers, cannot be expected to become useful local Governors. These are the views of the Rector (who presided at the Meeting which we attended), and of those who were present, and who requested that we should record it as their opinion that, under the circumstances, in the event of Subscriptions for the support of this and other Institutions failing, the necessary Funds should be raised as a portion of the

Poor-rate, with such provisions as would ensure a good local Administration, and the appointment of competent and efficient Medical Officers.

The Borrisokane Fever Hospital is capable of containing 16 Beds, but it is greatly in want of Funds, and of Repairs.

The Cloughjordan Fever Hospital contains 16 Beds. The Committees and Medical Attendants of both, state that many of the neighbouring Proprietors do not subscribe—that they apprehend it will still be more difficult, if not impossible, to obtain Funds for their support, and that in such event, they should form a portion of the Poor-rate, care being taken that a proper local arrangement be ensured.

We quote a portion of the Report of the Medical Attendant of the Borrisokane Fever Hospital and Dispensary, read before the Meeting of Subscribers at which we attended —"The Fever Hospital District, without interfering with that of any other, comprises eleven Parishes, which contain a population of 26,070.—of twelve Magistrates resident within the District, only four subscribed—three only of the Clergymen of the eleven Parishes subscribed—a Nobleman who usually gave 5*l.* per annum, has withdrawn his Subscription this year; and above 40 Gentlemen who reside in the District, and who possess Property amounting from 300*l.* to 1,000*l.* per annum each, never contributed one farthing to either Fever Hospital or Dispensary.

We think it likely that there must be some local objections on the part of many of these numerous and respectable individuals to these Institutions. But these circumstances prove that, from some cause or other, even where an Hospital or a Dispensary has been established, and where the relief it is capable of affording is required, the means of supplying it cannot be obtained. In justice to the Medical Officer of the Borrisokane Hospital, it should be observed that he appropriated his Salary for two years to the Fund for Building it, and that he is an intelligent and respectable Practitioner.

The distance from all parts of this Union to Cashel is so considerable that but few Patients are sent from it to the County Infirmary. The general feeling therefore is, that provision should be made for connecting some Beds for Casualties with the Fever Hospitals at Nenagh, that Town being not only the centre of the Union, but the Assize Town of the Northern end of the County.

Cashel Union.

The *Cashel Union* contains Five Dispensaries, a Fever Hospital, and an Infirmary.

Dispensaries.

The Dispensaries are well distributed, but, for want of a proper definition of their respective Districts, and other arrangements, their efficiency is much lessened, and considerable portions of the population are excluded from all such relief.

Fever Hospital.

The Cashel Fever Hospital is capable of containing 30 Beds. It is only Six Months open, and may be considered in an unfinished condition. There is neither Pump, Water Closet, or Privy in, or connected with it. The Building is quite unenclosed on a Common, and it is without any Sewerage. The Contractor for the Building has taken legal proceedings against the Medical Officer for the recovery of a Balance of 142*l.* due to him. Yet, under all these circumstances, no Meeting of Subscribers or Regulating Committee, has been held during the above period. Patients are admitted on the recommendation of Subscribers, but fit cases are refused when not so recommended. Some of the Proprietors and other wealthy Persons subscribe liberally towards the Institution, but from many such no assistance is obtained. A list of 42 such individuals, comprising some of the most wealthy Noblemen and others in that part of the County who do not subscribe, has been handed in by the Medical Officer, whose acquaintance with the District enabled him to ascertain this important fact.

Infirmary.

The Cashel (County of Tipperary) Infirmary, is capable of containing 40 Beds, but a resolution of the Governors limits the admissions to 35,—the Funds being insufficient to support a greater average. Fit objects are refused admission on this account, but the Hospital could safely accommodate an average of 60 Patients,

The Annual Subscription to this Infirmary is One Guinea, the payment of which for ten successive years constitutes a Governor for Life, though the Sum of 21*l.* paid at once is necessary for this privilege. Some advantages are said to be obtained by the smallness of the Annual Subscription, namely, the total annual amount is thought to be greater than would be had from Three Guinea Subscribers, and the dispersion of this greater number enables Patients more readily to obtain recommendations, which are had with much difficulty where the Governors are but few.

The Apothecary of this Institution acts also as Registrar, and is paid 75*l.* per annum for his services. The Legal Salary is 30*l.* late Irish currency. The difference is paid him for his attendance on the Sick Poor of the City and its vicinity. But the legality of appropriating County Funds for the benefit of a locality appears doubtful. Besides, as there is no record of the number of Patients visited, and as the prevailing opinion in Cashel is, that the duty is not efficiently, though partly, performed, we apprehend that such of the Sick Poor of this populous District as are unable to appear at the Infirmary, are, in general, unattended.

In one of the Dispensary Districts (Clonoulty), the greater part of the Subscriptions are paid by Farmers and other friends of the Medical Attendant, who, in return, usually receive the benefit of his professional assistance. This mode of supporting a Dispensary is almost necessarily productive of many disadvantages to the Public and the Medical Profession. In all the Dispensary Districts in this Union, many Proprietors and other wealthy Persons do not subscribe. Lord Hawarden, whose subscription is the chief support of that at Dundrum, states this to be the case in his own neighbourhood.

The prevalence of Fever in and around Fethard was so great last year, that the want of a Local Hospital was much felt. It was then stated that many Patients in Fever were left at the Bridewell door, in order that the Police might take charge of them and have them provided with food and attendance,—that others were sent into Clonmel with a view of their being received into the Fever Hospital there; but as the Managing Committee of that Institution now refuse to admit Patients from the Fethard District, that efforts were made to induce Subscribers in Clonmel to certify that such Patients resided contiguous to it.

A considerable Sum was raised for the purpose of establishing a Fever Hospital in Fethard, but some difference of opinion as to the details existing, the Money was converted to other and more immediately necessary objects.

At some of the Dispensaries in this Union, the supply of Medicines and the arrangements of the Dispensary Surgery are far from satisfactory, though we have no doubt that, on the occasion of our expected visit, both were made to appear as well as circumstances would permit. The same want occurs too frequently in other Unions.

Several of the Subscribers to the Medical Institutions in this Union wish the Funds for their support should be raised as a part of the Poor-rate, considering it to be the only mode by which all who possess property as Owners or Occupiers can be induced to contribute the sums necessary for the relief of the Sick Poor.

The annexed Statistical Table shows the Income and Expenditure of each Medical Institution, the number of Patients treated, and such other facts as our inquiries have enabled us to obtain. But the want of correct Registration at several of the Dispensaries prevents us from supplying much that it is desirable should be known.

We have the honor, &c.,

(signed) W. H. T. HAWLEY,
DENIS PHELAN, M.R.C.S. Lond.
MAURICE CORR, M.D.

To the Poor Law Commissioners. *Assistant Poor Law Commissioners.*

Enclosures in the foregoing Report.

ENCLOSURE I.—Letter from the Governors and Committee of Barrington's Hospital, Limerick.

To the Assistant Poor Law Commissioners connected with the Medical Inquiry.

GENTLEMEN,

We, the undersigned, Governors and Members of the Committee of Barrington's Hospital and City of Limerick Infirmary, in accordance with the resolution passed on the 30th of November, when you attended our Board, beg to lay before you the Report then read, and in doing so have deeply to deplore the circumstances under which an establishment like this, calculated to render such extensive relief to the poor and afflicted, should be allowed to sink into comparative uselessness, from want of adequate funds for its support.

It is obvious to every one's experience, that voluntary contributions are influenced in a great degree by sudden bursts of public sympathy, and under the transitory excitement, it is true, that large sums as *Donations* have frequently been collected in Limerick, for this and other Charitable Institutions,—but this is soon succeeded by apathy and reluctance, and then the burden of the regular annual support of them, falls with undue weight upon the liberal *few*, while applications are made in vain to the opulent many, and this as is already shown, by the statement of Receipt and Expenditure, accompanying the Report, has been lamentably the case with the establishment on behalf of which we now address you.

We are therefore unanimously of opinion, that nothing short of a compulsory assessment, somewhat on the PRINCIPLE of the Poor Law Rate, will be sufficient for the due maintenance and support of this and the other Charitable Institutions, and believing as we do, that a *few* pence in the pound, when spread over the property comprehended within the limits of this Union, would suffice for the maintenance of the several Charitable Establishments it contains, we beg to impress on you the necessity of some legislative measure being adopted, to remedy the evil complained of.

In conclusion we may remark, that if we had a sufficiency of funds at our disposal, we should be enabled by regular periodical payment of accounts, to obtain the various articles required for the establishment, at ready money prices, and thus effect a considerable saving of expense. And we may also observe, that although we have hitherto enjoyed the benefit of the voluntary and gratuitous services of the Physicians and Surgeons attached to the Hospital, we do not consider it fair or reasonable to expect such services to be continued unremunerated, (time being money to a Medical man,) while so many of the wealthy inhabitants give neither money nor time.

Dated at Limerick, this 10th day of December, 18 40

(signed) WILLIAM ROCHE, M. P. City of Limerick,
JAMES HARVEY,
DANIEL BARRINGTON,
PIERCE BRANNON,
PHILIP M'ARDELL
JOSEPH ROBINSON.

ENCLOSURE II.—TABLE of the several Public MEDICAL CHARITIES existing within the limits of the undermentioned Unions in the Years 1839–40.

Description and Locality of Institution.	INCOME. Subscriptions.	Parliamentary and County Grants.	From other sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	No. of Intern Patients. Infirmary.	Fever Hospital.*	Total.	Number of Extern Patients recommended.	Area of Infirmary, Fever Hospital, or Dispensary Districts.	Population of Infirmary, Fever Hospital, or Dispensary Districts.	Proportion of Infirmary Patients to Population.	Proportion of Fever Hospital Patients to Population.	Proportion of Dispensary and certified Infirmary Patients to Population.	Number of Subscribers. Of £1 1s. or more.	Of less than £1 1s.	Total.	Average Cost of each Infirmary Patient.	Average Cost of each Fever Hospital Patient.	Average Cost of each Dispensary Patient.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.													£ s. d.	£ s. d.	s. d.
ENNIS UNION.																							
Co. Clare Infirmary,	8 6 0	1,289 1 10	318 8 8	1,615 16 6	311 10 10½	157 16 9½	864 14 5	1,334 2 1	751	–	751	no record	730,227	258,322	1 to 972½	–	–	3	–	3	1 15 6¼	–	–
Ennis Fever Hospital,	– – –	1,700 0 0	268 12 8½	1,968 12 8½	220 6 0	195 18 8	1,177 7 10½	1,593 12 6½	–	1,673	1,673	–	730,227	258,322	–	1–436½	–	0	0	0	–	0 19 0½	–
Ennis Lying-in Hospital	113 16 0	56 16 0	– – –	170 12 0	16 10 0	1 16 0	78 17 0	97 3 0	–	–	111	no record	–	12,392	–	–	–	23	38	61	0 17 6	–	–
Dispensaries. Clare,	54 6 0	54 6 0	– – –	108 12 0	60 0 0	38 6 0	8 14 0	107 0 0	–	–	–	no record	–	6,235	–	–	–	17	–	17	–	–	–
Crusheen,	55 13 0	55 13 0	– – –	111 6 0	60 0 0	20 0 0	5 0 0	85 0 0	–	–	–	no record	–	8,021	–	–	–	40	–	40	–	–	–
Ennis,	60 10 0	60 10 0	– – –	121 0 0	100 0 0	20 0 0	– – –	120 0 0	–	–	–	no record	–	12,392	–	–	–	29	–	29	–	–	–
Kilmaley,	49 10 0	49 10 0	– – –	99 0 0	60 0 0	21 0 0	5 0 0	86 0 0	–	–	–	no record	–	6,781	–	–	–	25	–	25	–	–	–
Newmarket,	59 16 0	59 16 0	– – –	119 12 0	60 0 0	35 19 9	6 11 0	102 10 9	–	–	–	no record	–	7,534	–	–	–	30	–	30	–	–	–
Quin,	44 0 0	44 0 0	34 11 0	122 11 0	60 0 0	77 19 3	8 1 0	146 0 3	–	–	–	no record	–	10,650	–	–	–	32	5	37	–	–	–
Total,	445 17 0	3,369 12 10	621 12 4½	4,437 2 2½	948 6 10½	568 16 5½	2,154 5 3½	3,671 8 7½	751	1,673	2,535	–	–	51,613	–	–	–	199	43	242	1 15 6½	0 19 0½	–
LIMERICK UNION.																							
Co. Limerick Infirmaries,	119 14 0	1,489 1 10	300 2 11	1,908 18 9	159 2 0	117 6 9½	1,205 19 7¼	1,482 8 4¾	669	–	669	12,960	–	248,801	1 to 372	–	–	36	–	36	2 4 3¾	–	–
City Limerick Fever Hospital,	79 17 6	289 1 10	224 18 10	593 18 2	50 0 0	100 0 0	426 6 1	576 6 1	308	–	308	–	–	66,554	1 – 213	–	–	27	–	27	1 17 5½	–	–
Limerick Fever Hospital,	36 4 6	1,200 0 0	362 5 9	1,598 10 3	190 0 0	170 1 11	1,324 15 10	1,694 17 9	–	2,184	2,184	–	–	315.355	–	1–144	–	11	–	11	–	0 15 6¼	–
Dispensaries. Broadford,	42 12 0	42 12 0	– – –	85 4 0	53 0 0	23 19 0	3 14 0	80 13 0	–	–	–	no record	–	9,913	–	–	–	19	1	20	–	–	–
Cahirconlish,	45 8 0	45 8 0	– – –	90 16 0	55 0 0	42 12 0	4 0 0	101 12 0	–	–	–	no record	–	3,575	–	–	1–3	18	3	21	–	–	0 6¾
Castleconnell,	48 11 0	48 10 0	5 0 0	102 1 0	79 7 6	27 9 2½	5 0 0	111 16 8½	–	–	–	no record	–	6,315	–	–	–	19	–	19	–	–	–
Clarina,	56 0 0	56 0 0	– – –	112 0 0	90 0 0	22 0 0	– – –	112 0 0	–	–	–	1,800	–	–	–	–	–	14	1	15	–	–	1 3
Cratloe and Meelick,	39 19 0	39 19 0	– – –	79 18 0	60 0 0	22 6 0	2 0 0	84 6 0	–	–	–	no record	–	5,000	–	–	–	20	–	20	–	–	–
Doonas,	62 2 0	62 2 0	– – –	124 4 0	74 0 0	35 0 0	15 4 0	124 4 0	–	–	–	1,352	–	4,737	–	–	1–3½	–	–	–	–	–	1 10
Fedamore,	45 1 0	45 1 0	– – –	90 2 0	59 16 0	19 10 0	4 0 0	83 6 0	–	–	–	no record	–	–	–	–	–	–	–	–	–	–	–
Kilpeacon,	137 3 0	137 3 0	– – –	274 6 0	200 0 0	40 0 0	10 0 0	250 0 0	–	–	–	no record	–	–	–	–	–	–	–	–	–	–	–
Limerick,	119 11 0	146 11 0	35 0 0	301 2 0	70 0 0	30 6 0	154 1 0	254 7 0	–	–	–	13,303	–	50,000	–	–	1–4	48	–	48	–	–	0 4½
Munroe,	57 7 0	57 7 0	– – –	114 14 0	70 0 0	40 5 0	12 5 0	122 10 0	–	–	–	no record	–	8,192	–	–	–	18	2	20	–	–	–
Patrick's Well,	42 8 0	42 7 0	– – –	84 15 0	50 0 0	12 0 0	22 15 0	84 15 0	–	–	–	no return	–	–	–	–	–	13	22	35	–	–	–
Six-Mile-Bridge,	50 15 3	50 15 3	– – –	101 10 6	60 0 0	26 17 0	5 0 0	91 17 0	–	–	–	840	–	4,768	–	–	1 to 5½	19	5	24	–	–	2 2½
Total,	982 13 3	3,751 18 11	927 7 6	5,661 19 8	1,320 5 6	729 12 11	3,205 0 6½	5,254 18 11½	977	2,184	3,161	–	–	–	–	–	–	–	–	–	–	–	–
NEWCASTLE UNION.																							
Newcastle Fever Hospital,	65 16 6	131 13 0	– – –	197 9 6	150 0 0	32 0 0	185 0 0	376 2 0	–	333	333	–	–	11.826	–	1 to 35½	–	35	52	87	–	0 18 6	–
Dispensaries. Newcastle,	15 0 0	15 0 0	– – –	30 0 0			9 2 0		–	–	–	1,783	–	11,826	–	–	1–6½						10½
Abbeyfeale,	103 10 0	103 10 0	– – –	207 0 0	150 0 0	41 4 6	11 10 0	202 14 6	–	–	–	no record	–	10 572	–	–	–	–	–	–	–	–	–
Ashford and Broadford,	73 13 0	73 13 0	– – –	147 6 0	120 0 0	25 0 0	13 0 0	158 0 0	–	–	–	1,733	–	7,000	–	–	1–4	43	26	69	–	–	1 10
Ballingarry,	80 11 0	80 11 0	– – –	161 2 0	85 0 0	34 15 0	40 1 8	159 16 8	–	–	–	no record	–	8,921	–	–	–	29	7	36	–	–	–
Clounagh or Knockaderry	50 0 0	50 0 0	– – –	100 0 0	100 0 0	26 0 0	9 0 0	135 0 0	–	–	–	1,665	–	3,600	–	–	1–2½	24	120	144	–	–	1 7½
Feenagh and Kilmeedy,	72 2 0	72 2 0	– – –	144 4 0	100 0 0	41 6 10	24 4 6	165 11 4	–	–	–	1,570	–	11,012	–	–	1–7	55	9	64	–	–	2 1¼
Total,	460 12 6	526 9 0	– – –	987 1 6	705 0 0	200 6 4	191 18 2	1,197 4 6	–	333	333	–	–	52,931	–	–	–	–	–	–	–	0 18 6	–

[continued :—

ENCLOSURE II.—TABLE of the several PUBLIC MEDICAL CHARITIES existing within the limits of the undermentioned Unions in the Years 1839-40—*continued.*

Description and Locality of Institution.	INCOME. Subscriptions.	Parliamentary and County Grants.	From other sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	No. of Intern Patients. Infirmary.	Fever Hospital.	Total.	Number of Extern Patients recommended.	Area of Infirmary, Fever Hospital, or Dispensary Districts.	Population of Infirmary, Fever Hospital, or Dispensary Districts.	Proportion of Infirmary Patients to the Population.	Proportion of Fever Hospital Patients to Population.	Proportion of Dispensary and Extern Patients to Population.	Number of Subscribers. Of £1 1s. or more.	Of less than £1 1s.	Total.	Average Cost of each Infirmary Patient.	Average Cost of each Fever Hospital Patient.	Average Cost of each Dispensary Patient.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.													£ s. d.	£ s. d.	s. d.
RATHKEALE UNION.																							
Adare Fever Hospital,	92 6 0	184 12 0	— — —	276 18 0	80 0 0	12 0 0	48 0 0	140 0 0	—	170	170	—	—	8,340	—	1 to 49	—	32	18	50	—	0 16 6	—
Rathkeale,	80 0 0	160 0 0	— — —	240 0 0	100 0 0	16 18 0	116 6 0	233 4 0	—	226	226	1,014	—	13,376	—	1–59	—	48	—	48	—	1 0 7½	—
Dispensaries. Adare,	17 13 0	17 13 0	— — —	35 6 0	40 0 0	38 0 0	10 0 0	88 0 0	—	—	—	2,033	—	8,340	—	—	1– 4	23	9	32	—	—	0 9½
Askeaton,	56 12 0	56 12 0	— — —	113 4 0	85 0 0	25 5 0	5 18 0	116 3 0	—	—	—	1,500	—	—	—	—	—	34	1	35	—	—	1 6½
Glinn,	58 17 0	58 17 0	— — —	117 14 0	105 0 0	15 4 0	3 12 0	123 16 0	—	—	—	1,199	—	—	—	—	—	32	4	36	—	—	2 0½
Pallaskenry	84 19 0	84 19 0	— — —	169 18 0	109 0 0	60 18 0	— — —	169 18 0	—	—	—	3,796	—	—	—	—	—	25	—	25	—	—	2 7½
Rathkeale	34 13 4	34 13 4	— — —	69 6 8	80 0 0	30 0 0	8 0 0	118 0 0	—	—	—	902	—	13,376	—	—	1–15	32	18	50	—	—	2 3½
Scaugh,	70 16 0	70 16 0	— — —	141 12 0	99 0 0	37 0 0	15 10 0	151 10 0	—	—	—	1,300	—	—	—	—	—	33	—	33	—	—	2 2½
Shanagolden,	88 4 6	88 4 6	— — —	176 9 0	118 5 0	30 0 0	5 0 0	153 5 0	—	—	—	1,400	—	10,366	—	—	1– 7	20	—	20	—	—	2 2¼
Total,	584 0 10	756 6 10	— — —	1,340 7 8	816 5 0	265 5 0	212 6 0	1,293 16 0	—	396	396	13,149	—	—	—	—	—	247	32	279	—	18 10½	1 6¼
SCARIFF UNION.																							
Dispen. Killaloe,	47 16 0	47 16 0	— — —	95 12 0	60 0 0	41 18 0	6 0 0	107 18 0	—	—	—	no record	—	11,580	—	—	—	15	1	16	—	—	—
Scariff,	67 8 9	67 8 9	— — —	134 17 6	60 0 0	12 0 0	7 0 0	79 0 0	—	—	—	2,642	—	15,432	—	—	1– 6	22	—	22	—	—	0 7
Tulla,	48 2 0	48 2 0	— — —	96 4 0	60 0 0	25 0 0	3 0 0	88 0 0	—	—	—	no record	—	10,014	—	—	—	18	—	18	—	—	—
Total,	163 6 9	163 6 9	— — —	326 13 6	180 0 0	78 18 0	16 0 0	274 18 0	—	—	—	2,642	—	37,026	—	—	—	55	1	56	—	—	—
CASHEL UNION.																							
Cashel Infirmary,	116 11 0	888 16 10	10 3 3	1,015 11 1	258 1 6	99 0 7½	564 2 3¾	921 4 5¼	296	—	296	6,527	834,909	402,363	1–1359⅓	—	1–61¾	—	—	—	2 18 6¾	—	—
Cashel Fever Hospital,	107 10 6	215 1 0	— — —	322 11 6	80 0 0	6 18 0	178 6 0	265 4 0	—	394	394	—	—	60,939	—	1–154½	—	58	23	81	—	0 13 5½	—
Dispensaries. Clonoulty,	56 0 5	56 0 5	— — —	112 0 10	70 0 0	25 10 0	30 6 0	125 16 0	—	—	—	7,000	—	—	—	—	—	42	—	42	—	—	—
Dundrum,	75 5 0	75 5 0	— — —	150 10 0	84 0 0	37 0 0	29 10 0	150 10 0	—	—	—	—	—	—	—	—	—	17	1	18	—	—	—
Drangan,	70 17 0	70 17 0	— — —	141 14 0	100 0 0	23 5 0	15 8 0	138 13 0	—	—	—	—	—	6,000	—	—	—	50	1	51	—	—	—
Fethard,	84 8 0	84 8 0	— — —	168 16 0	92 6 0	33 1 0	7 2 0	132 9 0	—	—	—	3,465	—	11,172	—	—	1– 3⅕	26	3	29	—	—	0 9¾
Killenaule,	44 6 0	44 6 0	— — —	88 12 0	70 0 0	23 17 0	32 11 0	126 8 0	—	—	—	—	—	7,336	—	—	—	37	—	37	—	—	—
Total,	554 17 11	1,434 14 3	10 3 3	1,999 15 5	754 7 6	248 11 7½	857 5 3¾	1,860 4 5¼	296	394	690	—	—	—	1–1359⅓	1–154½	—	—	—	—	2 18 6¾	0 13 5½	—
NENAGH UNION.																							
Borris-o'-Kane,	42 9 0	84 18 0	3 2 0	130 9 0	60 0 0	3 3 0	60 17 0	124 0 0	—	133	133	—	—	16,576	—	1–124¾	—	26	—	26	—	0 18 8	—
Cloghjordan,	57 1 0	114 2 0	2 4 0	173 7 0	55 0 0	8 4 0	141 18 0	205 2 0	—	177	177	—	—	8,980	—	1–50⅘	—	18	9	27	—	1 3 2½	—
Nenagh,	204 1 6	408 3 0	23 13 0	635 17 6	110 0 0	14 0 0	599 1 0	723 1 0	—	955	955	—	—	20,690	—	1–21⅜	—	149	103	252	—	0 15 1	—
Dispensaries. Bird Hill,	58 16 0	58 16 0	4 14 6	122 6 6	75 0 0	30 3 6	9 19 6	115 3 0	—	—	—	1,150	—	11,760	—	—	1–10	39	—	39	—	—	2 0
Borris-o'-Kane,	10 10 0	10 10 0	1 0 0	22 0 0	— — —	4 0 0	5 0 0	9 0 0	—	—	—	800	—	16,576	—	—	1–20⅔	6	2	8	—	—	0 2¾
Cloghjordan,	22 7 0	22 7 0	— — —	44 14 0	95 0 0	16 0 0	5 0 0	116 0 0	—	—	—	1,091	—	8,980	—	—	1– 8½	13	2	15	—	—	2 1½
Nenagh,	82 15 0	82 15 0	— — —	165 10 0	100 0 0	48 14 0	39 1 0	187 15 0	—	—	—	4,033	—	20,690	—	—	1– 5⅗	54	6	60	—	—	0 11½
Newport,	49 19 0	49 19 0	4 0 0	103 18 0	70 0 0	21 0 0	14 0 0	105 0 0	—	—	—	3,000	—	8,905	—	—	1– 3	23	1	24	—	—	0 8½
Portroe,	50 16 0	50 16 0	— — —	101 12 0	61 6 6	25 3 0	5 18 6	92 8 0	—	—	—	4,327	—	17,377	—	—	1– 4	24	—	24	—	—	0 5½
Silvermines,	60 18 0	60 18 0	— — —	121 16 0	60 0 0	37 16 0	19 16 5	117 12 5	—	—	—	850	—	6,358	—	—	1– 8	10	—	10	—	—	2 9½
Toomavara,	47 19 0	47 19 0	— — —	95 18 0	73 4 0	20 10 0	3 4 0	96 18 0	—	—	—	no record	—	7,633	—	—	—	19	22	41	—	—	—
Total,	687 11 6	991 3 0	38 13 6	1,717 8 0	759 10 6	228 13 6	903 15 5	1,891 19 5	—	1,265	1,265	15,251	—	98,219	—	1–36½	1– 6⅔	381	145	525	—	0 16 7¾	1 4½

No. 9.

REPORT on the MEDICAL CHARITIES in a DISTRICT comprising UNIONS in the Counties of WATERFORD, TIPPERARY, KILKENNY, and QUEEN'S COUNTY, &c.—By JOHN O'DONOGHUE, Esq., DENIS PHELAN, Esq., and M. CORR, M.D., *Assistant Poor Law Commissioners.*

Dublin, 13th April, 1841.

GENTLEMEN,

We have the honor of forwarding to you a detailed account of the several Public Medical Institutions existing within the different Unions included in the annexed Tables, having made careful inquiry into the state of each, pursuant to the instructions received from your Board.

Callan Union.

There are Six Dispensaries and one Fever Hospital in the *Callan Union.* The population of the whole, as stated to us, is nearly equal to that of the Union, but the information obtained on this head, as well as in respect of the areas to the different Dispensary Districts, is not as accurate as could be desired.

The duty in some Districts appears to be faithfully performed, but in others the reverse is stated to be the case. We are informed that the domiciliary and other attendance is satisfactory through the Ballingarry and Mullinahone Districts, but that through the remainder of the Union a great majority of the Sick Poor are unattended. This is a consequence, however, which might naturally be expected from the existing arrangements. The Medical Attendant of the Callan Dispensary is a practising Apothecary and Accoucheur there, and is also in charge of the Kilmanagh Dispensary, which is eight miles from his residence. But the population and area of both Districts are such that it is doubtful if even two Medical Officers could sufficiently attend to the wants of the Sick Poor, a great proportion of whom we are informed, and believe, are unattended by him or by any other.

Dispensaries.

The Kilmaganny and Knocktopher Dispensaries, and the Kilmaganny Fever Hospital, are all in charge of one Medical Man, who resides on a farm a mile distant from the village of Kilmaganny. A room in his house is converted into a Dispensary, and to this inconvenient place the Patients come to him for Advice and Medicines. The Knocktopher Dispensary is four miles from his residence. The Population of both Dispensary Districts is about 13,000, their Area about 50,000 Statute Acres. His Salary for Attendance on the Three Institutions is 175*l.* per annum. For a back room in his House used as a Dispensary Shop he receives 15*l.* per annum, and is paid 45*l.* 10*s.* annually for supplying the Dispensary and Fever Hospital with Medicines. On examining the supply of Medicines kept at both Dispensaries, and the arrangements for preserving and dispensing them, we found the former to be very scanty indeed, and the latter wretched in the extreme. At the Fever Hospital, though at a considerable distance from the Doctor's residence, no Medicines are kept, nor is there any place in which a few of those most likely to be useful on emergencies could be deposited.

Fever Hospital.

The Kilmaganny Fever Hospital District corresponds with those of the above mentioned Dispensaries. The Hospital has no supply of water convenient to it. There is no store or supply of Blankets, Sheets, Straw, or of any other necessary article, nor any Culinary Apparatus in which to dress the Patients' Food.

From a consideration of these and of other circumstances, we are impressed with the opinion that this Hospital is very inefficient, and, under its present arrangements, is but badly calculated to afford adequate relief to the Sick Poor, particularly as we learned that though there was then but one Patient in the Hospital, several Poor Persons in the immediate neighbourhood, fit objects for the Institution, were ill of Fever. In a word, we are of opinion that the Medical Attendance on the Sick Poor of both Districts, and the Medicines supplied to them, are not satisfactory or sufficient.

Some Patients are received into this Hospital on the payment of Sums varying from Five to Twenty Shillings. When the Funds of the Institution are exhausted, even Paupers cannot be admitted except on these terms. Persons above that class are said to be occasionally received, but of the numbers so admitted, or the payments made by them, we could obtain no account. The Institution owes the Treasurer 57*l.*

It is however certain that, notwithstanding the existence of this Fever Hospital, and that some Patients from these Districts are received into that at Kilkenny, there is not sufficient Fever Hospital Relief given to such as require it. The same remark still more particularly applies to the other parts of this Union.

Fit objects for Infirmary Relief are admitted into the Kilkenny Hospital from all parts of this Union, but the Medical Attendants and Local Subscribers to the Dispensaries state that want of room in that Institution, want of Governors, and the distance to it, exclude a considerable number of such Patients from it.

Infirmary.

It is stated that many unfit objects—Persons having obviously the means of paying for Medical Advice and Medicines, are recommended to the Dispensaries in this Union, and obtain gratuitous attendance. An instance of this was given at Callan.—A well dressed Female applied for relief to the Medical Officer, handing him, by mistake, a Corn Ticket, by which it appeared that she had on that day sold Eighteen Barrels of Wheat to a Merchant in that Town; when the mistake was discovered she coolly handed him a Subscriber's recommendation which described her as *a fit object* for Dispensary relief.

Appendix (B.)

Reports of Assistant Commissioners.

No. 9.
Report of Mr. O'Donoghue, Mr. Phelan, and Dr. Corr, on Unions in the Counties of Waterford, Kilkenny, Tipperary, Queen's County, &c.

The Funds of the Dispensaries in this Union are said to be insufficient to meet the demands on them. This arises from several causes. In some, several of the Proprietary are not Subscribers, whilst others contribute but in very small proportion to the extent of their property or the number of their tenantry, In others, the subscriptions are given chiefly by persons of one religious persuasion or party, scarcely a Subscriber of any other appearing on the List. The Medical Officer of the Ballingarry Dispensary states that he is expected to attend several of the Subscribers at his Institution, as a return for their subscriptions, and that in no other way could the Institution be now supported. The chief owners of property contribute but little towards it; the burthen principally falls on the middle classes.

From a knowledge of these circumstances, several of the Subscribers throughout the Union advocate a change in the present mode of raising Funds for Fever Hospitals and Dispensaries, and suggest that they should be raised as a portion of the Poor-rate, at the same time expressing a hope that the Legislature will provide for an efficient Local Administration, and for the appointment of competent Medical Officers,

At Callan and Gowran we learned that there exists a strong desire for the establishment of a Local Fever Hospital at each place, and that some Funds for the purpose are available, but that the parties think it better to await such Legislation as may eventuate from this Inquiry—a circumstance which they, as well as many others, consider to be very likely to take place.

Carrick-on-Suir Union.

There are Three Dispensaries and one Fever Hospital in the *Carrick-on-Suir Union.* The duties of the Dispensary Officers, as far as circumstances admit, appear to be faithfully performed, but as one of them resides nine miles from the centre of his District, (which extends at least four miles farther), it is scarcely to be expected that its Sick Poor can receive domiciliary attendance.

Carrick-on-Suir Dispensary.

The Carrick-on-Suir Dispensary District contains a population which would require at least two Medical Attendants. The regulating Committee have limited the distance at which domiciliary visits are to be made—to a mile round the Town; by this arrangement, a considerable proportion of those who require this species of relief, must be deprived of it, as a large part of the District is situated outside this circle. This portion contains a population of not less perhaps than 16,000.

Fever Hospital.

The Carrick-on-Suir Fever Hospital is a well managed and very efficient Institution, fully capable, with sufficient funds, of accommodating the Pauper Fever cases of the Union. Its District, however, is not co-extensive with the latter, as a population of about 10,000, which has no access to any similar Institution, is not included in it.

As Carrick-on-Suir is situated at the junction nearly, of the Counties of Tipperary, Waterford, and Kilkenny, it is equally convenient to a large population belonging to each, and gives considerable relief to it. In the year 1839, of 465 Patients admitted, 71 resided in the County of Kilkenny, 82 in the County of Waterford, and the remaining 312 in the County of Tipperary. From the pressure thus made on the Charity, its funds are insufficient to meet the demands on it.

In March last, being 281*l.* in debt, application was made to Government, for an advance of funds, through the General Board of Health, by which 581*l.* has since been received.

The Subscribers at a meeting which we attended, stated that when this Government fund is withdrawn, the Hospital must be closed, as it is thought to be very unlikely that sufficient Subscriptions and County Grant can be had for its support. Some of the most wealthy and extensive Proprietors in the District (in the County Waterford side especially,) have for some time given no contributions towards it.

This Hospital has been several years in debt, which chiefly arose from the Secretary and Treasurer having, on two occasions, omitted to make the necessary application at the Road Sessions, by which the County Grant was lost to the Charity. Its difficulties were also partly occasioned by the refusal of the County Tipperary Grand Jury, to present the *maximum* sum, which the subscriptions would authorise, on the ground that a portion of them was obtained from persons residing in other Counties.

The Fiscal Authorities of the Counties of Waterford and Kilkenny, grant no Presentment to this Institution, though Patients are received freely from both: this the Subscribers consider a great hardship on them.

Infirmary Relief.

This Union may be considered as beyond the reach of any efficient relief from Cashel or Kilkenny Infirmaries, the former being 22 Irish miles, and the latter 20, distant from its centre, Carrick-on-Suir, and there being no such Institution in the County of Waterford. Under these circumstances, advantage has been taken of the Fever Hospital, into which bad Surgical and non-contagious Medical cases are occasionally received; some of these have been charged to the Hospital funds; but this practice being considered illegal or irregular, the expense of supporting them is generally paid for by Lord Duncannon, and other benevolent Subscribers.

But the advantages attending even this limited mode of affording Infirmary Relief, with the great inconvenience frequently arising from the want of it, induce many here to wish for such legislation as may enable them to connect a few beds for casualties, and other serious cases not contagious, with the Fever Hospital, the funds to be raised off the Districts from which Patients would be received.

Under all the difficulties and circumstances attending the Carrick-on-Suir Institutions, it was the universal opinion of those assembled at a numerous meeting of Subscribers, that

the funds for their support should be raised as a portion of the Poor-rate, provided an efficient Local Administration, and, on the occurrence of vacancies, the appointment of competent Medical Officers be insured.

In some parts of this Union, persons are recommended for, and obtain Dispensary Relief, whose circumstances should disentitle them to it, which almost inevitably arises from the indiscriminate way in which many Subscribers give recommendations; on this subject the Medical Attendant of the Carrick-on-Suir Fever Hospital and Dispensary, a most meritorious and able Officer, makes the following observations in his Report for 1839.

"I feel it my duty to mention to the Governors, that out of the 1,662 Patients treated at the Dispensary, during the past half year, 1,005 were recommended by three Subscribers. *The fact is placed beyond all question, that any number of recommendations can be obtained, without the applicants or their condition, being in the slightest degree known to the recommending parties.*"

Dispensaries.

Unfit objects recommended for relief.

We believe this too indiscriminate and injudicious distribution of recommendations, to be very common, especially in populous places. It is generally practised by Shop-keepers, Merchants, and under Agents, many of whom rarely refuse any applicants.

It is a practice exceedingly injurious to the Medical profession, and to the Sick Poor, as the time and attention of the former, and the funds, which are in many instances insufficient for the latter, are thus occupied and diverted to unfit objects, and who, knowing themselves to be such, are in general stated to be very thankless for the services thus rendered them.

Dungarvan Union.

The *Dungarvan Union* contained five Dispensaries in 1839, but one of these, that at Bonmahon, has been discontinued this year, for want of subscriptions.

There is a population of at least 30,000 in this Union, beyond the reach of Dispensary relief, when any serious illness occurs amongst them.

Dispensaries.

There is no Dispensary between Dungarvan and Clonmel, a distance of 28 statute miles. The domiciliary visits of the Medical Attendants of the Institutions held at both these places, only extend two miles, consequently the population of the intermediate 24 miles is deprived of it.

The same want exists between Dungarvan and Tramore; on the greater part of this coast line, (which is nearly of the same extent, and still more populous,) no provision is now made for Dispensary attendance, since that at Bonmahon has ceased to give relief, which arose from the impossibility of obtaining any tolerable amount of subscriptions that would entitle the local parties to claim a County Grant.

It was there stated, that though the Dispensary was held on the property of the College of Physicians, which property is very considerable in this immediate neighbourhood, no subscription has been ever obtained from that Body, though application had been repeatedly made to their Agent on the subject.

The arrangements for insuring efficient Dispensary attendance, are in many places extremely defective, of this Dungarvan may be given as an instance.

A regulation of the Subscribers fixes the distance to which the Surgeon's visits shall extend, to be a circle of two miles round the Town; but even within this distance it is admitted that the attendance is not regular. But even though it were, the want of attendance on the more numerous population outside that distance, must be a serious evil.

In fact we need only point attention to the small number of extern Patients recommended to this Institution in the course of a year, to be satisfied that it does not fulfil the objects for which it was established. We are satisfied that were the arrangements and the attendance satisfactory, in place of 597 Patients, at least three times that number would be relieved in the same period.

Fever Hospital.

The Fever Hospital is capable of affording accommodation to a far greater number than its funds enable the Governors to admit.

It is built nearly on the strand, which forms the only road leading to it. At full tides the access is therefore entirely impeded, and the strand itself is so wet and broken, that the passage is at all times difficult. When this passage is flooded, the Medical Attendant has to get over several ditches to arrive at the Hospital, and Patients can only be brought to it at low water.

Several efforts have been made to induce the Presenting Authorities to make a road or passage to the Hospital, but without success, though the distance to which it would have to be carried, does not exceed perhaps twenty perches.

It is stated that the Proprietors of large estates in the immediate vicinity are Non-subscribers to it. The Marquess of Waterford, and Lord Cremorne, for instance. For this, several causes, chiefly of a political nature, are assigned. But even though such Landlords, or their Agents were influenced by other motives, which is probable, the effect on the Institution must be the same, namely, an insufficiency of funds, which can scarcely be procured unless through the subscriptions of the Proprietary and other wealthy persons.

The Subscribers to this Institution and to the Dispensary amount to 75. 63 of these are Merchants, Shop-keepers, and others of the middle classes, who being occupiers of land pay their share also of the County Grant.

Those who attended the meeting, which was called at our request, forcibly expressed their opinions that, under these circumstances, and as their means do not enable them to give sufficient Fever Hospital and Dispensary Relief, the funds should be raised as a portion of the Poor-rate, in order that all might be compelled to contribute in proportion to the amount of property they possess in the District. This expression was accompanied by a wish that a proper local administration should be insured, and competent Medical Officers appointed.

Appendix (B.)

Reports of Assistant Commissioners.

No. 9.

Report of Mr. O'Donoghue, Mr. Phelan, and Dr. Corr, on Unions in the Counties of Waterford, Kilkenny, Tipperary, Queen's County, &c.

Fever Hospitals.

In the other Dispensary Districts of this Union, there is no Fever Hospital Relief whatever.

At Ring, Ardmore, and Clashmore, the want of it is considered by the Subscribers to be an evil which requires remedial measures. In these places also, many Proprietors do not subscribe to the Dispensaries. Several, who before subscribed, now refuse to do so, assigning the forthcoming payment of Poor-rates as a reason. An instance was given of one, a Practising Physician in Dublin, who lately paid 10,000*l.* for an estate near Ardmore, he subscribed to the Dispensary last year, but now refuses to do so, as he has to pay Poor-rate.

The chief Proprietor in the Ring Dispensary District, (who built the Dispensary-house, and gives it at a mere nominal rent), declared that he would not again subscribe. He wished the funds to be raised in a compulsory manner, on the principle of the Poor-rate. He stated that he holds property in three other Counties, and is anxious that he should be obliged to pay a Poor-rate in each, for Medical Relief. In this he was joined by the other Subscribers; and in proof of the necessity of such change, the Treasurer stated that a Gentleman, whose written promise, to continue a large annual subscription, the former holds, has, this year, withdrawn it, on account of the payment of Poor-rates.

At Bonmahon, the Rector and other Gentlemen stated, that many perish in that District annually, for whom no Medical Attendance is had. They attribute this to the want of Dispensary and Fever Hospital Relief, and requested that we should record this their statement, as well as their conviction that no other means than a compulsory assessment, under a judicious local administration, can be successful in providing for the wants of the Sick Poor.—Here, as in other Districts, the establishment of a Local Fever Hospital was strongly advocated.

As there is no Infirmary in the County of Waterford, the relief obtained in such Institutions cannot of course be had by any in this Union. The want of it was admitted by the Subscribers to the several Institutions which we inspected, but the general feeling was, that it should rather be given by and in each Union, in connexion with its Local Fever Hospital, than by the erection of a County Infirmary, which, wherever established, would still be inconvenient, from its remoteness, to more than half the County population.

Kilkenny Union.

Dispensaries.

The *Kilkenny Union* contains ten Dispensaries, five Fever Hospitals, and one Infirmary.

This number of Dispensaries, with sufficient arrangements, might, perhaps, afford adequate relief to all the fit objects. In some Districts, we believe this relief to be satisfactory, but in the Kilkenny, Johnstown, and Whitegate Dispensaries, we are satisfied this is not the case.

The Kilkenny Dispensary is intended for the population of the City and Liberties, which amounts to about 24,000. One Physician and one Apothecary superintend it; the latter and his Apprentices first visit the Sick, and on their report the Physician's attendance is obtained.

This arrangement does not appear to be satisfactory, as it appears that several of the respectable and wealthy Merchants and others, pay private Practitioners for giving advice and Medicines to their labourers and others, who are employed by them. They have, therefore, gradually withdrawn their subscriptions from the Institution. The estimation in which this Dispensary is held, may, perhaps, be perceived from the number of Subscribers, in so wealthy and populous a place, being limited to 25, and the total annual subscription to 52*l.*

Several most respectable, and we have reason to think, most benevolent persons, residing in the City have refused their contributions in consequence of the insufficiency of the Charity.

Dispensary.

On examining the Dispensary Shop, we found the supply of Medicines very scanty, and the arrangements for preserving and dispensing them very insufficient.

During the last fourteen years no record has been kept of the number of Patients recommended, prescribed for, or visited. Neither the Physician, nor the Apothecary had any documents to produce on the subject. To an inquiry how the necessary return (as to the number of Patients attended each year), was made out for the Presenting Authorities, no satisfactory answer was given. On looking over the Annual Report for 1839, we found that 6,538 are there entered as "admitted" in that year, but as we understood that no record, even at that time, existed, from whence such a statement could be correctly made, we can only conclude that this is an instance of the loose mode in which such returns are sometimes given to the Fiscal Authorities, without much regard to that accuracy which the Legislature contemplated, in rendering them imperative previous to the granting of a Presentment.

The Johnstown and Whitegate Dispensaries are apparently, and we believe in reality, supported chiefly in order to obtain salaries for the Medical Attendants, not for the purpose of affording Medical Relief to the Sick Poor. Of 120*l.* annually subscribed and presented for the Johnstown Institution, 108*l.* is absorbed by the Surgeon, who, though having had several days' notice of our intended visit, neither met us at the Dispensary, nor left any message why he was out of the way. On speaking with several respectable persons in the village on the affairs of the Charity, we were given to understand that it was a gross waste of public funds, that the subscriptions were chiefly obtained from the Medical Officer's relatives and personal friends, and that it was believed the principal object in doing so, (independent of the salary now received), was to entitle him to some remuneration when any change should take place in the Dispensary Laws,—an event which most persons here, it was said, consider both likely and desirable.

The Whitegate Dispensary has been lately established, we believe with the same views, and is nearly as useless to the public. There is no record kept at either, of the number of

Patients attended or recommended. Yet, the Treasurer of this Institution, when applying for the County Grant, gave the Presentment Sessions a large return of Patients, for which he had no other authority than the verbal statement of the Medical Officer.

This Return was offered us, but perceiving that it must have been incorrect and exaggerated, we refused to receive it.

A Subscriber of some influence endeavoured to persuade us, that the District for which this Charity was intended, extended no less than ten miles in one particular direction, and nearly so in all; but on producing a map, it appeared that the distance was not three miles in the first direction, and not above four in any other.

We feel it necessary to state, that the Whitegate Dispensary is chiefly supported by persons of one religious persuasion, who are mostly of the middle class, and that those of a different persuasion are the principal Subscribers to that at Johnstown.

Dispensaries

Institutions so circumstanced, as might be expected, are far less useful than they are capable of being made, considering the amount of funds which are expended on them, and the wants of the Sick Poor in their respective Districts.

On the whole, the Dispensary Districts in this Union are not well arranged, though the Institutions, with a few exceptions, are fairly distributed. The population of some are by far too large, that of others too small, and the remuneration for attendance not in proportion to the duties to be performed. A considerable portion of the Union is therefore deprived of Dispensary Relief.

The Kilkenny Fever Hospital is chiefly supported by a Presentment on the County at large, there being no subscriptions towards it. It is a well-managed Institution, and is quite sufficient for the wants of such parts of the Union as Patients are likely to come from. Each of the other Fever Hospitals is intended for a small District immediately surrounding it. Two are about 8 miles distant from Kilkenny, one 13 miles. They are considered very useful in their respective localities, even with very limited Funds. On inquiring why they could not be dispensed with, and the Fever Patients sent to the Kilkenny Hospital, we were informed that the feeling in favour of a local Institution of this class is far stronger than for a more distant one. These four Hospitals are admitted to be very inadequate in point of Funds to give relief to the fit objects in the surrounding District, of whom, notwithstanding, but few go to that at Kilkenny.

The Kilkenny Infirmary is a well-managed Institution, and is sufficiently commodious for the wants of the population of the Union, though not for that of the County, for which it is now intended, and from the remote parts of which (in the Waterford and New Ross Unions), Patients are but rarely sent to it. It is attended by the Fever Hospital Physician. The same Apothecary dispenses the Medicines to each, and practises as an Apothecary in the City.

We think it right to remark, that as the Physician to these two large and important Institutions is in extensive private practice, and must necessarily be often absent, the objects for which they were established would be more likely to be fully carried out were there more than one Medical Attendant. Neither the Sick, the Public, nor the Medical Profession are, we think, benefitted by such practice. And as these Hospitals are very near each other, we are of opinion their efficiency would be much improved, were the Apothecary, or a Surgeon Apothecary, to reside in one of them. The salaries now paid to the present Officers would fully meet the expense of such an arrangement.

The Governors of the Kilkenny Infirmary being so very few, is a circumstance found to operate very injuriously. Twelve, in so extensive a County, cannot afford sufficient facilities to recommend fit objects to the Charity. This was complained of on several occasions.

At most of the meetings held by us, at the rural Fever Hospitals and Dispensaries, complaints were made that some of the Landlords and other persons of property in the District do not subscribe. This circumstance, added to the want of Funds, induced them to wish that the latter should be raised as a portion of the Poor-rate. In some instances, this wish is expressed only in the contingency of a failure of subscriptions (which are apprehended when that tax comes to be paid), but generally the Subscribers desire it, considering the principle to be a more equitable one than that under which the Funds are now obtained. This opinion is, however, not given by the Middle Classes and Occupiers, but is largely shared in by extensive Proprietors. For instance, the Hon. C. B. C. S. Wandesford, who subscribes 120*l.* a-year to the Castlecomer Fever Hospital and Dispensary, requested that we should record it as his opinion, that the Funds should be so levied, from which he would expect efficiency, economy, a good general regulation and control, and a good local management.

Lismore Union.

The *Lismore Union* contains four Dispensaries and two Fever Hospitals.

The Dispensaries are fairly distributed, and would perhaps be sufficient for the wants of the Sick Poor, were the arrangements of a better nature than in all they are found to be.

The Sick Poor of the population of Cappoquin Dispensary is far greater than any one person can attend, but the duty appears to be faithfully performed as far as the Medical Officer's time and convenience admit.

Lismore Dispensary.

The Lismore Dispensary and Fever Hospital are in charge of a Gentleman who is in very extensive practice as a Physician, Surgeon, and Accoucheur; and, though his competency is unquestionable, and his character very high, we doubt that he can have leisure to devote to attendance, domiciliary and otherwise, on the Sick Poor of a Population at least 9,000, spread over an area of between 40,000 and 50,000 Statute Acres. We are informed that, as might be expected, the attendance is very irregular and insufficient, and this infor-

mation is strongly corroborated by the return of Patients on the Dispensary Register being only 530 for the previous year.

We should suppose that were tolerably regular attendance given in proportion to the wants of the Sick Poor of such a Population, (which, however, it should be observed, is generally in comfortable circumstances), a far greater number would have been recommended by the Subscribers. By judicious arrangements the services of other competent Medical Men who reside in the Town, could be readily secured in the occasional absence of the Medical Officer.

The munificence of the Duke of Devonshire, who subscribes 120*l.* per annum to these two Institutions, and the liberal subscriptions of the Gentry of the District, enable the Subscribers to pay the Medical Attendant 165*l.* 16*s.* per annum, and the Apothecary 37*l.* 16*s.* For this Sum there could be no difficulty in providing efficient attendance on all who are fit objects for Relief, provided a portion of the Funds were applied to the payment of a second Medical Officer, who, having less Private Practice, could devote sufficient attention to his Public Duties. We are the more particular in dwelling on this case as we believe it to be one of frequent occurrence.

The same want of regular attendance is stated to exist in the Tallow Dispensary District, in which, as well as in that of Lismore, there is no Record of the number of Patients visited, and without which Record it is difficult to ascertain what extent of relief is really given from any such Institution.

Mocollop Dispensary.

The Medical Officer of the Mocollop Dispensary resides at Lismore, about five miles from the Institution. As far as this circumstance admits, we are informed and believe that the duty is faithfully performed. We were unable to visit this Institution.

Fever Hospitals.

The Lismore Fever Hospital and that at Tallow are sufficient for the wants of the Union. But under the present arrangements they are not made available for more than a portion of it. For instance, though there is no Fever Hospital at Cappoquin, and though the population of that District is greater than that of Lismore, the Governors of the Lismore Fever Hospital admit no Patients from the former. We were informed by Sir Richard Keane, Bart., that, as Fever has prevailed much in Cappoquin and around it, and as that Town is only three miles from Lismore, subscriptions for the Fever Hospital there were offered by him and others to enable them to avail themselves of an Institution lying so contiguous to them. Their Subscriptions were, however, refused, the Governors being unwilling to extend their District beyond the original limits. Subscriptions were then raised, and an application was made to the County Presenting Authorities for a County Grant for the erection of a Fever Hospital at Cappoquin; but this was refused on the ground that the Dungarvan and Lismore Hospitals were sufficiently available for the Cappoquin District.

We should also observe, that no Fever Patients are admitted into the Lismore Hospital from the Mocollop District, though so convenient to it, and forming a part of the Rectory of the Dean and Chapter of Lismore. The Tallow Fever Hospital is capable of being made far more useful than it now is.

But the arrangements and discipline of this Hospital appear to be very indifferent. For instance, at the time of our visit, a young man, a convalescent, aged 17 years, slept in the ward with some young female Patients, whilst there were two empty rooms with beds in them. Such laxity of discipline is always a proof that an Institution works badly. In fact, the Medical Officer of this Institution is in extensive practice, and resides five miles from Tallow, which may account for the want of regularity and discipline complained of. Besides, his son is Treasurer to the Hospital and Dispensary, a position in which, perhaps, neither party should be placed, even though the duties of Treasurer and Physician be faithfully performed.

There is no Infirmary Relief obtained in this Union; but as the Duke of Devonshire is a Governor of the South Infirmary at Cork, his Agent, Mr. Currey, sends several Patients every year to that Institution.

This circumstance proves the want of such relief at a more convenient distance, as Cork is 37 miles from Lismore.

Mr. Currey and the other Governors are of opinion, that a few Infirmary Beds added to the Lismore Fever Hospital, would answer all necessary purposes for the Union. The unanimous feeling at Lismore was, that the Funds for all should be raised as a portion of the Poor-rate, due provision being made that good local management should be insured. This opinion was not formed, as at some other places, from any difficulty in providing a sufficiency of Funds, but partly because some Proprietors and other wealthy persons do not subscribe, and chiefly because it is hoped, that if such change be effected, a better system of Medical Relief will be established through the country at large, and that several public Medical Charities will be conducted in a more scientific, sufficient, and satisfactory manner.

Abbeyleix Union.

Dispensaries.

The *Abbeyleix Union* contains six Dispensaries, which are for a tract of country nearly coextensive with that included within the Union. This number, under judicious arrangement, would, perhaps, be more than sufficient for the wants of the Sick Poor. But the Medical Officers of two reside out of their Districts, and cannot give prompt or efficient attendance on the Sick. One of these holds two Dispensaries, he resides at one, which is ten miles distant from the other; and, on his way to the latter, he has to traverse the entire breadth of another Dispensary District, which intervenes between his two.

The funds of some of the Charities are insufficient to meet the necessary demands for Medical Attendance and for Medicines—a circumstance which was stated by the Subscribers to the Ballinakill and Raheen Dispensaries.

Several of the Governors apprehend that the subscriptions will fall off on the payment of

a Poor-rate; not from any feeling that the Institution will not be then as necessary as heretofore, but, because some Proprietors and other wealthy persons cannot now be induced to contribute, and the insufficiency of the funds, and the want of any regulating authority, are felt to be evils that require to be remedied; and it is therefore thought, that parties will withdraw, in order that a better system may be the sooner devised.

At one Dispensary, Raheen, only one of the chief Proprietary of the District subscribes; at another, Ballinakill, only two; these two formerly subscribed 30*l.* per annum, they now contribute only 4*l.* A Proprietor, whose immediate predecessor paid 10*l.* per annum, to this Institution, has withdrawn his subscription altogether.

Those who attended the meetings at which we were present, advocated that the entire funds be raised as a portion of the Poor-rate, and that some competent regulating authority be appointed to supervise the whole of the Irish Medical Charities.

Fever Hospitals.

There is no Fever Hospital in this Union, though Fever has been very prevalent in some parts of it. For some years Lord De Vesci supported Fever Wards for the tenantry on the Abbeyleix estates, but ceased to do so on finding that many who resided on those of neighbouring Proprietors were brought into Abbeyleix; and his Lordship's benevolence and liberality were such, that when there, he ordered them to be admitted into the Hospital.—This Nobleman is prepared to establish a Fever Hospital in that Town as soon as other surrounding Districts are provided with similar Institutions, or under an arrangement which would enable him to confine the expense and the relief, to those residing within a certain boundary.

All the Subscribers and Medical Officers of these Dispensaries state, that Fever Hospital Relief is very desirable, and that, though a few Patients are sent to the Fever Wards, at the Maryboro' Infirmary, the relief there obtained is very inconsiderable, compared with the wants of the Sick.

At all the Dispensaries, except one, Abbeyleix, it was stated, that the most desirable mode of providing such relief would be by means of funds raised on the principle of the Poor-rate.

Infirmary.

The Maryboro' Infirmary, though not within this Union, is sufficiently convenient to all parts of it, to admit of fit objects being removed to it.

Mountmellick Union.

Dispensaries.

There are four Dispensaries and an Infirmary in the *Mountmellick Union;* and, attached to the latter are Wards capable of containing about 24 beds for Fever cases. There is no Fever Hospital in the Union. It is stated that an additional Dispensary has been lately presented for, to be established at Clonasley, but it is not yet in operation.

This number of Dispensaries would not be sufficient for the wants of the population of the Union (63,601), even though they were judiciously distributed, which is not the case.—The relief afforded is, therefore, inadequate to the wants of the Sick Poor.

The insufficiency of Dispensary Relief in this, and the adjoining Unions of Tullamore and Edenderry, may be estimated on its being known that a tract of country of 484 square miles, containing a population of 91,000, has no other attendance than that which can be afforded by three Medical Gentlemen, who hold five Dispensaries. Each of these is in extensive private practice, and though they all discharge their public duties, we believe, very faithfully, it is obvious that they cannot visit the Sick of such a population, over so large an area. The portion of country here alluded to includes the greater part of the Baronies of Portnehinch, Tinnehinch, Maryboro' East, and Maryboro' West, in the Queen's County; the Baronies of Coolestown, Upper Phillipstown, Geashill, and Ballycowan, in the King's County, and a part of the Barony of Carberry, in the County of Kildare.

The attendance afforded by the Mountrath Dispensary, which is well supported by Subscriptions and County Grants, and in charge of a very competent Medical Officer, is stated by some respectable parties in the District, to be inconsiderable and unsatisfactory. On this account it is said, some of the inhabitants of that Town established a private Dispensary in the year 1839, the reason for which is thus assigned in the records of the meeting which took place on the occasion—"That a Dispensary founded on the confidence, good will, and support of the people, is, in the opinion of this meeting, of indispensable necessity."

The Subscribers to this Private Institution state, that notwithstanding the existence of the Public one, its existence is absolutely necessary to ensure domiciliary attendance on the Sick Poor. They advocate that funds for these Charities should be raised as a portion of the Poor-rate, that Fever Hospital Relief be provided from the same source, and that some competent, responsible, and inspecting Authority be created, to ensure the faithful disbursement of the funds, and regular discharge of the Medical Officer's duties.

The Subscribers to the Public Dispensary, at the same place, express nearly similar opinions. Those at Mountmellick wished us to record the same; and stated in proof of the necessity of such legislation, that as Fever has prevailed much in the District, and the want of an Hospital was found to be an evil, a subscription of 100*l.* was collected, with a view to establish one, and a corresponding Presentment was sought for from the County, when the Presenting Authorities granted only one shilling. This, we were elsewhere informed, was done, as the Grand Jury was unwilling to assess the County for any new Institution until the views of the Legislature on the subject of this Inquiry should be known.

Several Proprietors and others possessing property in the Dispensary Districts do not subscribe to these Institutions.

Fever Hospital.

The Fever Wards in the Maryboro' Infirmary are supported out of the funds obtained for that Institution. The Governors of the Infirmary observe, they are not aware that they are authorized to do so under any particular Act; but as the Infirmary Acts do not

preclude the admission of Fever cases, they feel satisfied in appropriating a portion of their funds on Patients of this class.

They are joined by the Medical Officer in recommending the establishment of District Fever Hospitals, feeling that the relief which the beds in the Infirmary can afford to Fever Patients is insufficient for the County.

Infirmaries.

The Maryboro' Infirmary is a well managed Institution. It contains 55 beds, independent of those for Fever cases. The Medical Attendant acts as Apothecary to it, and is paid the legal salary provided for such Officer, but he is not a qualified Apothecary. His duties like those of other Infirmary Surgeons, are limited to the care of the intern Patients, and to that of prescribing for such externs as apply at the Infirmary, but he gives more domiciliary attendance to the Sick in the vicinity, than is usual with others of his class.—This however, is done as a matter of favor, no public provision being made for insuring it. The annual subscription to this Institution is One Guinea. The Governors are of opinion that they obtain more funds by it than they would if it were Three Guineas.

No fit case is refused admission into the Hospital, which is therefore considered by the Governors to be sufficient for the wants of the County; but, at the remote Dispensaries, the Subscribers and Medical Officers state, that serious cases are prevented from seeking admission there, on account of the distance to it.

This is particularly the case in the Barony of Slieumargy, which is in the Carlow Union, and whose contiguity to that Town, induces the Subscribers to the Ballickmoyler, and Newtown Dispensaries to wish that Infirmary and Fever Hospital Relief could be obtained in the Carlow Union, for the fit objects occurring in these Districts.

Roscrea Union.

Dispensaries.

There are seven Dispensaries and two Fever Hospitals within the *Roscrea Union.* The Dispensaries appear to be pretty judiciously distributed, but the Districts of some are too extensive, and those of others, perhaps, rather small; were they somewhat equalized, the present number would seem to be sufficient to afford the necessary relief.

As a consequence of the too great extension of the District, the Medical Officers of the Roscrea Dispensary are only expected to visit the Sick two miles beyond that Town, though portions of that Dispensary District are considerably more distant.

There is reason to apprehend that the domiciliary attendance on the Sick at three of these Institutions, Rathdowny and Bourney, and the more remote portions of that at Roscrea, is not satisfactory. At the former, the Medical Officer does not attend such dangerous Labour Cases as occur amongst those classes that are unable to pay for Professional Attendance.

Fever Hospitals.

The Fever Hospitals are at Roscrea and Shinrone; the former admits fit objects, *gratis*, from within a circle of two miles. Patients who reside beyond that distance, are obliged to pay 10*s.* 6*d.* each. The proportion of the latter is admitted to be very small, being only 9 in 1840, when the total admissions were 474. This fact proves that Fever Hospital Relief is not afforded sufficiently to those outside that circle. The cause assigned for the regulation is the want of Funds to admit Patients from a greater distance.

This is a well-managed Institution. It only admits Patients from the County of Tipperary and the King's County. A population of 20,582, belonging to the Queen's County part of the Union, has no access to any Fever Hospital. But the Subscribers to the Dispensaries within this portion are extremely desirous that a Union Institution be established, in order that they may share in its advantages.

The Funds of both these Institutions are not sufficient to afford the necessary relief through the Union, in many parts of which, several persons of considerable wealth cannot be induced to subscribe to either the Hospitals or the Dispensaries.

Many of the local Governors therefore express a wish that the Funds be raised as a portion of the Poor-rate, and that a general regulating Authority be appointed to superintend the Medical Charities of the Kingdom.

Infirmaries.

The Infirmaries of the three Counties of which portions are included in this Union are so distant from all parts of it, that but few urgent cases can be sent to either. Cashel is 33 miles distant, Tullamore 28, and Maryboro' 23. Under these circumstances, the feeling was very general, that some Infirmary Beds may be added to the Hospital at Roscrea, by which severe casualties and other fit subjects might be relieved. No opinion was, however, expressed, as to the mode in which Funds for it should be provided; but it is felt to be a grievance, that the District should be taxed for distant Institutions, from which it can derive no corresponding advantages.

We have the honor, &c.,

(signed) JOHN O'DONOGHUE,
DENIS PHELAN, M.R.C.S. Lond.
M. CORR, M.D.,
Assistant Poor Law Commissioners.

To the Poor Law Commissioners.

TABLE, annexed to foregoing REPORT, of the several PUBLIC MEDICAL CHARITIES existing within the limits of the undermentioned Unions in the Year 1839.

Name and Locality of Institution.	INCOME. Subscriptions. £ s. d.	Parliamentary and County Grants. £ s. d.	From other sources. £ s. d.	Total. £ s. d.	EXPENDITURE. Salaries of Medical Officers. £ s. d.	Cost of Medicines. £ s. d.	Contingencies. £ s. d.	Total. £ s. d.	No. of Intern Patients. Infirmary.	Fever Hospital.	Total.	Number of Extern Patients recommended.	Area of Dispensary Districts.	Population of Infirmary, Fever Hospital and Dispensary Districts.	Proportion of Infirmary Patients to the Population.	Proportion of Fever Hospital Patients to the Population.	Proportion of Dispensary and extern Infirmary Patients to the Population	Number of Subscribers. Of £1 1s. or more.	Of less than £1 1s.	Total.	Average Cost of each Infirmary Patient. £ s. d.	Average Cost of each Fever Hospital Patient. £ s. d.	Average Cost of each Dispensary Patient. s. d.
CALLAN UNION.																							
Kilmaganny Fever Hospital	35 12 0	71 4 0	– – –	106 16 0	50 0 0	5 0 0	59 15 0	114 15 0	–	131	131	—	—	7,982	—	1 to 61	—	9	–	9	—	0 17 6	–
Dispensaries. Ballingarry,	63 2 6	63 2 6	15 11 0	141 16 0	80 0 0	27 5 0	13 5 0	120 10 0	–	–	–	2,449	—	8,165	—	—	1 to 3¼	40	12	52	—	—	1 0
Callan,	65 14 0	65 14 0	– – –	131 8 0	100 0 0	14 0 0	10 10 0	124 10 0	–	–	–	4,347	—	9,648	—	—	1– 2¼	26	1	27	—	—	0 8
Kilmaganny,	47 0 6	47 0 6	– – –	94 1 0	85 0 0	33 0 0	5 0 0	123 0 0	–	–	–	1,000	—	7,982	—	—	1– 8	23	3	26	—	—	2 5½
Kilmanagh,	25 15 0	25 15 0	– – –	51 10 0	30 0 0	15 0 0	6 0 0	51 0 0	–	–	–	—	—	6,000	—	—	—	9	–	9	—	—	–
Knocktopher,	27 10 5	27 10 5	– – –	55 0 10	50 0 0	7 10 0	4 10 0	62 0 0	–	–	–	400	—	4,498	—	—	1– 11¼	9	–	9	—	—	3 1
Mullinahone,	49 11 0	49 11 0	– – –	99 2 0	70 0 0	16 17 0	8 9 0	95 6 0	–	–	–	—	—	6,000	—	—	—	45	–	45	—	—	–
Total,	314 5 3	349 17 5	15 11 0	679 13 10	465 0 0	118 12 0½	107 9 0	691 1 0	–	131	131	—	—	42,293	—	1–323	—	152	16	168	—	0 17 6	–
CARRICK-ON-SUIR UNION.																							
Carrick-on-Suir Fever Hospital,	175 13 0	351 6 0	– – –	526 19 0	137 10 0	40 0 0	599 12 0	777 2 0	–	465	465	—	—	29,715	—	1– 64	—	28	190	218	—	1 13 5	–
Dispensaries. Carrick-on-Suir,	31 0 0	31 0 0	– – –	62 0 0	– – –	43 5 0	– – –	43 5 0	–	–	–	1,662	—	22,067	—	—	1– 13½	28	–	28	—	—	0 6½
Grange-Mockler,	51 4 0	51 4 0	– – –	102 8 0	70 0 0	29 13 0	2 15 0	102 8 0	–	–	–	1,570	—	6,403	—	—	1– 4	36	–	36	—	—	1 3½
Pilltown and White Church,	65 5 5	65 5 5	– – –	130 10 10	90 0 0	29 2 0	28 9 0	147 11 0	–	–	–	2,569	—	7,648	—	—	1– 3	18	9	27	—	—	1 1⅝
Total,	323 2 5	498 15 5	– – –	821 17 10	297 10 0	142 0 0	630 16 0	1,070 6 0	–	465	465	5,801	—	43,766	—	1– 94	1– 7½	82	199	281	—	1 13 5	1 0⅝
DUNGARVAN UNION.																							
Dungarvan Fever Hospital,	70 4 6	140 0 0	– – –	210 4 6	60 0 0	7 18 6	176 5 0	240 0 0	–	75	75	—	—	14,140	—	1–188½	—	50	29	79	—	3 4 0	–
Dispensaries. Dungarvan,	31 9 0	30 0 0	– – –	61 9 0	22 0 6		8 0 0	34 4 0	–	–	–	597	—	14,140	—	—	1– 24				—	—	1 1⅞
Ardmore,	87 2 6	87 2 1	– – –	174 4 7	94 0 0	18 7 3	7 1 0	119 8 3	–	–	–	1.000	—	10,585	—	—	1– 10½	42	9	51	—	—	2 4½
Bonmahon,	18 13 0	18 13 0	– – –	37 6 0	42 0 0	15 0 0	– – –	57 0 0	–	–	–	750	—	7,119	—	—	1– 9½	12	–	12	—	—	1 6½
Clashmore,	81 8 0	81 8 0	– – –	162 16 0	90 0 0	15 0 0	10 0 0	115 0 0	–	–	–	1,163	—	9,853	—	—	1– 8½	29	5	34	—	—	1 11⅞
Ringonah,	37 10 0	37 10 0	– – –	75 0 0	50 0 0	23 1 0	5 9 0	78 10 0	–	–	–	1,008	—	4,332	—	—	1– 4½	17	11	28	—	—	1 6⅞
Total,	326 7 0	394 13 1	– – –	721 0 1	358 0 6	79 6 9	206 15 0	644 2 3	–	75	75	4.518	—	46,029	—	1–613½	1– 10½	150	54	204	—	3 4 0	–
KILKENNY UNION.																							
Kilkenny Infirmary,	29 8 0	489 1 10	79 2 4¾	597 12 2¾	130 0 0	63 1 6	577 15 8¾	770 17 2¾	450	–	450	843	—	169.945	1 to 377⅓	—	1–203	3	–	3	1 13 11¾	—	0 2
Fever Hos. Castlecomer,	36 9 0	72 18 0	– – –	109 7 0	20 0 0	10 0 0	87 10 6	117 10 6	–	71	71	—	—	17,059	—	1–240	—	12	1	13	—	1 13 1½	–
Freshford,	21 4 0	42 8 0	– – –	63 12 0	– – –	15 0 0	90 13 4½	105 13 4½	–	218	218	—	—	12,447	—	1– 57	—	12	–	12	—	0 9 8½	–
Kilkenny,	– – –	550 0 0	133 6 7¾	683 6 7¾	73 16 10	24 2 0	712 8 0¾	810 6 10¾	–	1,203	1,203	—	—	169.945	—	1–141¾	—	–	–	–	—	0 13 5¾	–
Stoneyford,	27 8 0	54 16 0	– – –	82 4 0	75 0 0	15 0 0	41 0 0	131 0 0	–	126	126	—	—	8.790	—	1– 69	—	25	–	25	—	—	–
Dispensaries. Stoneyford,	24 8 0	24 8 0	– – –	48 16 0					–	–	–	2,056	—	8.790	—	—	1– 4¼				—	—	–
Ballyragget,	70 17 0	70 17 0	– – –	141 14 0	80 0 0	31 11 0	10 0 0	121 11 0	–	–	–	1,108	—	5,000	—	—	1– 4½	42	–	42	—	—	2 2½
Castlecomer,	121 11 0	121 11 0	– – –	243 2 0	170 0 0	40 0 0	43 5 10	253 5 10	–	–	–	4,847	—	17,059	—	—	1– 3½	20	2	22	—	—	1 0½
Freshford,	67 6 0	67 6 0	– – –	134 12 0	100 0 0	27 7 11	9 12 6	137 0 5	–	–	–	1,655	—	12,447	—	—	1– 7	33	1	34	—	—	1 8
Gowran,	71 16 6	71 16 6	– – –	143 13 0	80 0 0	36 18 0	14 15 0	131 13 0	–	–	–	2.123	—	10.495	—	—	1– 5	27	1	28	—	—	1 2⅞
Johnstown,	54 5 6	54 5 6	– – –	108 11 0	105 0 0	12 0 0	3 0 0	120 0 0	–	–	–	no record	—	3.265	—	—	—	42	–	42	—	—	–
Kilkenny,	52 6 0	52 6 0	138 9 2	243 1 2	116 3 1	26 13 6	44 0 4¾	186 16 11¾	–	–	–	no record	—	23,741	—	—	—	25	–	25	—	—	–
Thomastown,	64 2 0	64 2 0	– – –	128 4 0	80 0 0	34 5 0	16 5 0	130 10 0	–	–	–	no record	—	5,917	—	—	—	35	–	35	—	—	–
Urlingford,	66 12 0	66 12 0	– – –	133 4 0	100 0 0	22 7 0	7 1 0	129 8 0	–	–	–	2,000	—	5.722	—	—	1– 2¾	33	–	33	—	—	1 3½
Whitegate,	40 17 0	40 17 0	– – –	81 14 0	63 0 0	20 0 0	4 0 0	87 0 0	–	–	–	no record	—	6,506	—	—	—	41	–	41	—	—	–
Total,	748 10 0	1,843 4 10	350 18 2½	2,942 13 0½	1,192 19 11	378 5 11	1,661 7 4¾	3,232 13 2¾	450	1,638	2,088	—	—	137,235	—	—	—	350	5	355	1 13 11¾	0 12 7½	–

[continued—

TABLE, annexed to foregoing REPORT, of the several PUBLIC MEDICAL CHARITIES existing within the undermentioned Unions in the Year 1839,—*continued.*

Description and Locality of Institution.	INCOME. Subscriptions.	Parliamentary and County Grants.	From other sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	No. of Intern Patients. Infirmary.	Fever Hospital.	Total.	Number of Extern Patients recommended.	Area of Dispensary Districts.	Population of Infirmary, Fever Hospital, and Dispensary Districts.	Proportion of Infirmary Patients to the Population.	Proportion of Fever Hospital Patients to the Population.	Proportion of Dispensary and Extern Infirmary Patients to the Population.	Number of Subscribers. Of 1l. 1s. or more.	Of less than 1l. 1s.	Total.	Average Cost of each Infirmary Patient.	Average Cost of each Fever Hospital Patient.	Average Cost of each Dispensary.	Cost per Head on the Population.
LISMORE UNION.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.													£ s. d.	£ s. d.	s. d.	d.
Lismore Fever Hospital,	224 8 6	300 0 0	– – –	524 8 6	40 0 0	10 0 0	181 19 0	231 19 0	–	164	164	–	–	9,000	–	1 to 55	–	5	14	9	—	1 8 3	—	—
Tallow do. -	27 4 0	27 4 0	– – –	54 8 0	72 10 0	23 0 0	– – –	85 10 0	–	230	230	–	–	7,243	–	1 – 31	–	19	–	19	—	0 12 5	—	—
Dispensaries. Tallow, - -	60 0 0	60 0 0	– – –	120 0 0					–	–	–	1,031	–		–	–	1 to 7				—	—	—	—
Cappoquin, - -	82 4 4	82 4 4	– – –	164 8 8	80 0 0	24 10 0	8 0 0	112 10 0	–	–	–	1,752	–	14,155	–	–	1 – 8 1/2	45	–	45	—	—	1 3 1/2	—
Lismore, - -	100 0 0	200 0 0	– – –	300 0 0	92 1 0	12 18 0	6 5 0	111 4 0	–	–	–	583	–	9,000	–	–	1 – 15 1/2	5	14	19	—	—	3 10	—
Mocollop, - -	38 2 0	38 2 0	– – –	76 4 0	60 0 0	12 0 0	4 4 0	76 4 0	–	–	–	1,200	–	4,000	–	–	1 – 3 1/2	–	–	–	—	—	1 3 1/4	—
Total, -	531 18 10	707 10 4	– – –	1,239 9 2	344 11 0	92 8 0	– – –	760 2 0		394	394	4566	–	34,398	–	1 to 87	1 to 7 1/2	–	–	–	—	1 8 3	—	—
ABBEYLEIX UNION.																								
Abbeyleix, - -	87 8 0	87 8 0	3 15 0	178 11 0	117 6 0	30 0 0	28 13 6	175 19 6	–	–	–	1,200	10,818	5,816	–	–	1 to 5	21	1	22	—	—	2 11 1/2	—
Ballacolla and Swan,	62 15 0	54 19 0	– – –	117 14 0	70 0 0	20 0 0	6 0 0	96 0 0	–	–	–	2,017	–	4,096	–	–	1 — 2	25	–	25	—	—	0 11 1/2	—
Ballinakill, - -	45 13 0	45 13 0	– – –	91 6 0	70 0 0	14 10 0	4 0 0	88 10 0	–	–	–	no record	–	6,375	–	–	–	21	1	22	—	—	—	—
Durrow, - -	62 18 0	62 18 0	– – –	125 16 0	100 0 0	10 13 4	10 0 0	120 13 4	–	–	–	1,673	–	2,910	–	–	1 — 1 1/2	25	–	25	—	—	1 5 1/2	—
Offerlane, - -	62 7 0	62 7 0	– – –	124 14 0	90 0 0	39 3 0	7 3 0	136 6 0	–	–	–	2,100	–	7,315	–	–	1 — 3 1/2	44	1	45	—	—	1 3	—
Raheen, - -	26 11 0	26 11 0	– – –	53 2 0	40 0 0	10 12 6	1 9 0	52 1 6	–	–	–	1,567	–	6,600	–	–	1 — 4 1/4	5	50	55	—	—	0 8	—
Total, -	347 12 0	339 16 0	3 15 0	691 3 0	487 6 0	124 18 10	57 5 6	669 10 4				8,557	–	33,112	–	–	1 to 3 1/6	141	53	194	—	—	1 6 1/2	—
MOUNTMELLICK UNION.																								
Maryboro' Infirmary, -	172 15 9	1,083 1 10	27 15 10	1,283 13 5	213 19 10	98 15 2	1,080 19 10	1,393 14 10	899	–	899	–	–	–	1 to 162 1/2	–	–	89	–	89	1 11 4 1/4	—	—	—
Dispensaries. Ballybrittas, - -	41 12 0	41 19 0	– – –	83 11 0	52 10 0	24 7 7	7 3 5	84 1 0	–	–	–	1,483	–	4,963	–	–	1 to 3 1/2	24	–	24	—	—	1 1 1/2	—
Mountmellick, -	75 6 10	75 6 10	2 10 9	153 4 5	88 0 0	53 0 7	24 10 3 1/2	165 10 10 1/2	–	–	–	4,835	–	18,504	–	–	1 — 3 1/2	44	21	65	—	—	0 8 1/4	—
Mountrath, - -	75 4 0	75 4 0	1 0 0	151 8 0	100 0 0	35 0 0	16 8 0	151 8 0	–	–	–	2,600	–	7,591	–	–	1 — 3	26	–	26	—	—	1 2	—
Portarlington, -	53 18 0	53 18 0	1 10 5	109 6 5	70 0 0	28 1 4	15 6 11	113 8 3	–	–	–	1,496	–	15,094	–	–	1 — 10	38	1	39	—	—	1 6 1/4	—
Total, -	418 16 7	1,329 9 8	32 17 0	1,780 3 3	524 9 10	239 4 8	1,144 8 5 1/2	1,908 2 11 1/2	899	–	899	10,404	–	46,152	1 to 162 1/2	–	1 to 4 1/3	221	22	243	1 11 4 1/4	—	0 11 7/8	—
ROSCREA UNION.																								
Roscrea Fever Hospital,	166 19 8	333 19 4	– – –	500 19 0	131 0 0	23 3 11	426 5 2	580 9 1	–	457	457	–	–	16,576	–	1 to 36 1/2	–	57	8	65	—	1 5 4 1/2	—	—
Shinrone ditto,	30 13 0	61 6 0	14 8 9	106 7 9	– – –	10 5 0	96 2 9	106 7 9	–	146	146	–	–	9,770	–	1 67	–	32	6	38	—	0 14 7	—	—
Dispensaries. Borris in Ossory, -	79 18 6	79 18 6	– – –	159 17 0	120 0 0	35 17 3	9 15 9	165 13 0	–	–	–	2,026	–	6,114	–	–	1 to 8	43	30	73	—	—	1 7 1/2	—
Bourney, - -	35 7 0	35 7 0	– – –	70 14 0	60 0 0	9 9 9	46 6 1	73 15 10	–	–	–	no record	–	4,918	–	–	–	14	3	17	—	—	—	—
Clondonagh, - -	51 4 0	51 4 0	– – –	102 8 0	63 0 0	15 19 7	16 0 0	94 19 7	–	–	–	2,250	27,000	6,837	–	–	1 — 3	32	6	38	—	—	0 10 1/8	0 3 1/4
Moneygall, - -	82 19 0	82 19 0	– – –	165 18 0	80 0 0	20 0 0	10 0 0	110 0 0	–	–	–	no record	–	5,556	–	–	–	62	–	62	—	—	—	—
Rathdowny, - -	49 13 0	49 13 0	– – –	99 6 0	80 0 0	17 11 6	6 19 2	104 10 8	–	–	–	no record	–	10,176	–	–	–	34	–	34	—	—	—	—
Roscrea, - -	12 11 1	52 8 9	– – –	64 19 10	– – –	35 19 9	28 17 3 1/2	64 17 0 1/2	–	–	–	4,101	–	16,576	–	–	1 — 4	12	–	12	—	—	0 3 1/2	—
Shinrone, - -	64 18 0	62 16 0	– – –	127 14 0	90 0 0	27 10 0	17 0 0	134 10 0	–	–	–	2,720	27,625	9,770	–	–	1 — 3 1/2	28	2	30	—	—	0 11 7/8	—
Total, -	574 3 3	809 11 7	14 8 9	1,398 3 7	624 0 0	195 16 9	615 6 2 1/2	1,435 2 11 1/2	–	603	603	11,097	–	61,947	–	1 to 43 1/2	–	314	55	369	—	1 2 9 1/4	1 3 5/12	–

No. 10.

REPORT on MEDICAL CHARITIES in the SOUTH and NORTH DUBLIN UNIONS.—By DENIS PHELAN, Esq. M.R.C.S. Lond., and MAURICE CORR, M.D., *Assistant Poor Law Commissioners.*

Dublin, April 23rd, 1841.

GENTLEMEN,

In pursuance of the instructions received from your Board, we have visited the several Public Medical Charities, existing within the South and North Dublin Unions, and have the honor of forwarding you an account in detail, of the nature and extent of relief afforded by them; we also annex a statistical Table, which shows the income and expenditure of each Institution, with such other information as we have been enabled to obtain.

South Dublin Union.
Dispensaries.

The *South Dublin Union* contains Eleven Dispensaries, of which six are in the rural Divisions, and are for a population of about 42,767. As a whole, these rural Districts are not judiciously distributed, the population varying from 10,394 in the highest, to 2,967 in the lowest, whilst a large portion of one Parish is not included in any.

At some of these Charities the Subscribers state that the funds are not sufficient, that parties who possess property in the District do not contribute at all, and that some controlling and regulating authority is much required. They apprehend that some will soon cease to subscribe, partly on account of the payment of Poor-rates, and partly because the subscriptions are now unequally contributed, and they wish that the funds for these Institutions be raised as a portion of the Poor-rate,—due provision being made for a good Local Administration, and for the appointment of competent Medical Officers.

In two of these Dispensary Districts we have found similar Institutions supported by private funds. At Clondalkin, the subscriptions to the private Dispensary, equal those of the public one, and the relief afforded by it appears to exceed that obtained at the latter. This is the more remarkable as the District is very small. At Donnybrook, a Private Dispensary is also supported, and is stated by several respectable Gentlemen to be extremely useful. They are of opinion that the wants of the Sick of the Parish cannot be supplied by one Medical Officer, which is indeed acknowledged by the Gentleman in charge of the Public Institution.

It is obvious that in such a District, the more judicious arrangement would be to divide the population between two, each being paid in proportion to the duties to be discharged by him.

The Dublin General Dispensary is intended for the whole of the City of Dublin, which is divided into six Districts, and to each of which a Physician and Surgeon are appointed. None of its Medical Officers, except the Apothecary, receive any salary. Medicines of an expensive nature, as Castor Oil, Quinine, &c. are not provided, except to a limited extent.

Though much relief is afforded by means of this Institution, at a small cost, its arrangements are in many respects defective. It is certain that it does not afford adequate attendance on the Sick Poor of the District for which it is established, and that under its present arrangements it is incapable of doing so.

Some unfit objects obtain the benefits of this Charity; an instance was given of a person who was relieved by it, and who at the same time had 13 Cows, besides other property.

The Sick Poor Institution, or Meath Street Dispensary, is intended for that portion of the City which is included between the Circular Road, the Liffey, and a line drawn to both through Nicholas-street, &c. This is divided into four Districts, each of which is in charge of a Physician, who visits the Sick every day except on Sunday. Two Surgeons in like manner divide the Surgical duties between them, and a resident Apothecary dispenses the Medicines which are ordered.

The population of this Dispensary District is about 54,000. It is the poorest part of the City and Liberties. During the three years ended 1840, the average number of Patients annually attended, was 14,360.

This is a well managed Institution. "A Committee of Subscribers regulate the entire business, not in a routine manner, but actively and effectively." The Medical attendance is, we believe performed very faithfully.

The benefits of the Charity are stated to be greatly enhanced by its connexion with a Nourishment Institution, from whence many of the Sick Poor are supplied with whey, broth, and other nourishment when unable to purchase them.

The South Eastern Dispensary is another valuable Charity, like that at Meath-street, it is intended for a portion of the City, the population of which we could not ascertain.

The number of Patients annually relieved by it is 3,777, of which 1,039 were visited at their own residences. No attendance is given except to parties who produce a Subscriber's recommendation, unless in cases of urgency. In one of the Annual Reports of the Institution, it is stated that this practice has been found necessary and useful.

The District is divided into five nearly equal portions, in each of which a particular Medical Officer visits the Sick daily. A Physician and Surgeon attend every day at the Dispensary, and prescribe for those who apply there. In this manner very efficient attendance is afforded to the Sick Poor of the whole District.

The only paid Medical Officer is the Apothecary. All the Physicians and Surgeons act

without salaries. The regulating Committee consider this to be too great a trespass on the time of these Gentlemen, as the Institution is not a School of Medicine, and no emoluments are received by them for the instruction of pupils, or from any other source. The Committee advocate the principle of paying the Medical Staff, in order to secure the services of efficient persons, who cannot otherwise be expected to devote that continuous attention to such *laborious* duties, particularly on the occurrence of private engagements, or of severe weather. The low state of the funds however, does not admit of this principle being carried into operation.

A considerable number of the Wealthy Residents of this part of the City do not subscribe to the Charity. There are only Seventeen Subscribers of One Guinea or upwards; the remainder vary from 1*l.* to 2*s.* 6*d.*

It is stated that 120*l.* have been lost to the Institution by the defalcation of the late Sub-Treasurer, who was one of the Medical Officers, and that several Persons have informed the Collector that they will not subscribe in future on account of the payment of Poor-rate; and it has been intimated that the Grand Jury will not grant any further Presentments for the Institution. That which has been usually given is far from being equal to the Subscriptions.*

These circumstances have compelled the Committee to direct the Medical Officers to discontinue the use of Leeches and other expensive, though necessary, Medicines.

The connexion of this Charity with a Nourishing and Clothing Society has increased its advantages very considerably.

The income of this Society for the year ended the 18th October 1840, amounted to 205*l.* 13*s.* 10*d.*, of which 100*l.* was contributed by a benevolent but anonymous individual, who, there is reason to believe, assists the Charity by other means also.

The St. James's-street Dispensary is intended for the Parish of that name, a part of which is situated outside the City, and which therefore is not included within the Districts of the Dublin General, or the Meath-street Dispensary. The Subscribers to it state that it was established because the attendance afforded by these Institutions was not sufficient for the Sick Poor of the Parish. It is badly supported, in respect to Funds, and is in charge of one Medical Officer who has not yet received any Salary.

The Committee Report—"That we consider the continuance of this Institution of essential service to the Health and Welfare of the Inhabitants of this Parish, and that we strongly recommend same to the special consideration of the Poor Law Commissioners, with a view to its maintenance by a Compulsory Tax."

The Pitt Street Institution is intended for the relief of the Diseases of the Children of the Poor throughout the entire City. It is not a Dispensary in the ordinary sense, though it receives a small Grand Jury Presentment as such. It was established in 1822 by Sir Henry Marsh and by Dr. Johnson, the present Master of the Britain-street Lying-in Hospital.

Patients of a class above Paupers, on the recommendation of a Subscriber, obtain Advice and Medicines on payment of Sixpence each, which Sum is paid by about one tenth of those who receive Relief.

During several years after its establishment some Intern Patients were admitted, but latterly the Funds only enable the Committee to afford Extern Relief. The Charity is now considerably in debt. By the Rules of this Institution—"No Person can be appointed Physician to it who is not a Fellow or Licentiate of the King and Queen's College of Physicians in Ireland;" "or Surgeon who is not a Member or Licentiate of the Royal College of Surgeons in Ireland."

In addition to these Institutions, a Dispensary altogether supported by subscriptions exists in St. Peter's Parish, and is a means of affording relief to a considerable number of Patients annually.

We feel it necessary to observe that, though each of these Institutions affords considerable relief, the arrangements as a whole are very imperfect. The Dublin General Dispensary District, for instance, includes St. James's Parish, of which one of its Medical Officers has charge; the Meath-street Dispensary District also includes that Parish, and its regulating Committee and the Medical Officers state that the Sick there are attended to by the latter, whilst respectable local parties within it subscribe for the purpose of ensuring what they assert was not before obtained, regular attendance on their Sick Poor. Thus, a triplicate machinery is established with a view to secure the same object, but without any connexion whatever between its several parts, or any understanding by which each could assist the other.

We think that wherever we have found this species of arrangement, it has not worked satisfactorily; and that the expense is increased, whilst the efficiency as a whole is not insured. The division of the City into particular Dispensary Districts would therefore, we think, answer a far better purpose, confining the attendance of the Medical Officers to such Districts, and making them responsible for the due care of the Sick within them.

It is also a matter for consideration, whether it be beneficial to the community at large, that the services of the Medical Officers of these Charities should be gratuitous. It can scarcely be expected that such onerous and continuous duties will be performed by unpaid men, in the same energetic and zealous manner, which under proper regulations would be ensured, if a moderate recompense were afforded; or that the Superintending Committees will be likely to enforce their own regulations with any degree of stringency against those who perform valuable services for the Public and obtain no pecuniary return, directly or indirectly. We

* We learn that the Presentment has been refused since the above was written.

have no doubt that junior Practitioners, for some time after they are appointed, will perform their duties zealously, but it is to be apprehended that they will not continue to do so under the circumstances alluded to.

The Cork-street Fever Hospital is open to all fit objects within the City portion of the Union; as are the Fever Wards of the Meath Hospital to those in the rural Divisions.

The accommodation and Funds of both are sufficient, on all ordinary occasions, to meet any demands that can be made on them. The Funds of both are chiefly obtained by Parliamentary Grants. No County or City Presentments are made for them. The latter Institution, with Mercer's Hospital, Stevens' Hospital, Baggot-street Hospital, and Vincent's Hospital, afford ample accommodation to such as are fit objects for Infirmary Relief.

As there are many circumstances which are peculiar to the several Institutions by which Fever Hospital and Infirmary Relief is afforded in this City, we propose to make a special Report on them, which Report shall be soon forwarded to you.

North Dublin Union.
Dispensaries.

The *North Dublin Union* contains six Public Dispensaries, all situated in the rural Divisions. These include a population of 34,972. By a better distribution, a smaller number would be sufficient for this portion of the Union; but the duties appear to be faithfully performed.

There is no Public Dispensary, supported in the ordinary manner, in the North side of the City of Dublin; but, as stated in our Report on the South Dublin Union, it is included within the District of the Dublin General Dispensary, which, it is almost universally believed, does not adequately provide the necessary Relief. The Talbot Dispensary, however, and some private Institutions of this class, are considered to supply much of the defect which exists in this respect. The former is attended by a Physician, two Medical Inspectors, and a Surgeon, all Officers connected with the House of Industry Establishment, of which this Dispensary forms a portion. The District in which the Talbot Dispensary gives Relief, is that part of the North-West of the City which is bounded on the North by the Circular Road, South, by the River Liffey, and East, by Capel-street, Bolton-street, and Dorset-street.

A Private Dispensary exists in each of the Parishes of St. George, St. Thomas, St. Mary, and St. Paul; and, although we are not authorized to inspect them, the Subscribers and Medical Officers of each of the three first requested that we would do so, and along with those of the Netterville Dispensary, very freely gave us all the information which it was in their power to afford.

The District of the Netterville Dispensary forms a portion of that included within the District of the Talbot Dispensary. Both appear to afford sufficient Relief to that part of the Union.

In the remaining part of the North side of the City, which contains a population of 60,878, the Dispensary Relief afforded depends on the above mentioned Institutions, which receive no Public Funds. The Subscribers and Medical Officers state, that the Subscriptions they obtain are insufficient to enable them to afford efficient Attendance on the Poor; and many of them are of opinion, that some means should be devised by which a sufficiency of Funds could be raised on the principle of the Poor-rate, as several now withhold their Contributions, and it is apprehended that others will follow the example, chiefly influenced, it is thought, by the payment of Poor-rate.

On the whole, with the exception of that part of the Union which is included in the Talbot Dispensary District, the arrangements for Dispensary Relief are not of that judicious nature that the wants of such a population would require; and, however considerable the benefits of Private Institutions of this class may be, they cannot be expected to afford that full quantity of Relief which may be supplied by well managed Public Charities of the same class.

The Fever Patients of the Union are freely admitted into the Cork-street and Hardwick Fever Hospitals, the accommodation and Funds of which are, on all ordinary occasions, sufficient to meet the demands on them. We have already stated, that the former is *chiefly* supported by an annual Parliamentary Grant. The Funds of the latter are entirely derived from the same source.

The Whitworth Fever Hospital, at Drumcondra, admits *Infirmary* as well as Fever cases; it is stated to be necesary for the wants of the population of that portion of the North Suburbs. The Medical Officers attend it gratis; it is a well managed Institution; but the Governors state, that it is difficult to obtain Funds for its support. Some of the Patients are admitted on the payment of a moderate sum, and the practice is much approved of.

All pressing and fit cases obtain *Infirmary* Relief in the Jervis-street Hospital, and in the Whitworth and Richmond Hospitals. These Institutions are judiciously used for the care of the Sick, and for Medical Education, an arrangement which usually increases the attention of the Governors and Medical Officers, and which greatly adds to the efficiency of the Charity.

These three Hospitals are capable of containing 282 Beds. It may, therefore, be presumed that the Infirmary accommodation is sufficient in the Union, But it is necessary to observe that though Jervis-street Hospital has room for 80 Beds, and is a well managed, commodious Institution, its Funds have latterly only admitted of 40 Beds being kept in use, and these are now likely to be reduced to 35.

The Governors and Medical Officers state that they are frequently obliged to refuse fit objects for want of Funds, and they think that many of these do not get ready admission into other Institutions.

APPENDIX (B.)

Reports of Assistant Commissioners.

No. 10.
Report of Mr Phelan and Dr. Corr on the South and North Dublin Unions.

Many of the Wealthy Inhabitants of the North side of the City do not subscribe to this Institution, or to the Dispensaries. And partly on this account, but chiefly in order to insure a sufficiency of Funds and a good general and local administration for all Medical Charities, several of those who take an interest in them advocate such Legislation as will enable some proper authority to raise the necessary Funds in a compulsory manner.

The Officers of Health of the Parishes of Palmerstown and Ballyfermot, which form a portion of this Union, have forwarded us a document to show the necessity of some Legislative provision to compel the Owners of Houses to annex Yards to them; and as they appear to have paid considerable attention to the subject, and have given some strong facts to prove the case, we subjoin the document.

We have the honor, &c.

(signed) DENIS PHELAN, M.R.C.S., Lond.
M. CORR, M.D.
Assistant Poor Law Commissioners.

To the Poor Law Commissioners.

Inclosures in foregoing Report.

ENCLOSURE I.—Letter from the Officers of Health of Chapelizod, Palmerstown, and Ballyfermot.

SIR, Palmerstown, 13th March, 1841.

We beg leave to draw your attention, and through you, the attention of the Poor Law Commissioners, to the great evils which result from the want of Yards to many of the habitations of the poorer classes in this District, and which we apprehend is also of frequent occurrence elsewhere.

On a recent inspection it was found, that between the Dispensary at Palmerstown, where Dr. Maguire resides, and the Bridge of Chapelizod on the great Western High Road, there were Eighteen small Houses and Cabins, which projected to the footpath, and wherein 143 persons resided, and which nevertheless had not any Yard whatsoever; and in Ballyfermot-Lane, which immediately adjoins that spot, and which is under Grand Jury Presentment, 10 Cabins which contained 90 individuals, were also found totally destitute of Yards. Thus, within a small compass, 233 human beings were obliged to deposit on the footpaths and public roads, every species of filth and offal. Nor is the evil likely to stop here, for Michael M'Mahon, a smith, and proprietor of seventeen of these tenements, is in the act of constructing two additional Houses, which also project to the footpath, and have not any provision for Yards, as he has appropriated as a Garden the entire rere thereof, as also of eleven of the tenements alluded to, which contain 102 persons.

It would be superfluous to enlarge on the pernicious consequences that must result from such conduct, as regards the health of those who have the misfortune to be placed under such circumstances, or the disgusting scenes and objects to which the public are exposed thereby. Accumulated filth and the want of proper ventilation have engendered Fever to an alarming extent, and within the last three months, 43 inmates of these tenements have been attended under Fever by Dr. Maguire, and 14 of the number have been sent therefrom to Hospital.

Remonstrances have been made to the individual alluded to, as to the impropriety of his conduct, and he has been urged to give Back Yards to the premises, but in vain, and it appears that a Legislative Enactment is the only remedy—since, as the law stands, the innocent victims who are thus compelled to commit nuisances on the public ways, are the only parties who can be summoned and fined, whilst the real offender not only escapes, but profits by possessing himself of manure thus made on the public ways.

The 47 Geo. 3, cap. 109, sec. 103, enacts "that when any House or Tenement within the Circular Road shall not be provided with a Yard, Dirt hole, and other proper receptacle for Coal, Ashes, Rubbish, and other Filth of the said House or Tenement, or with a Sewer communicating with the Main Sewer wherever such shall be, then and in every case where any such House or Tenement shall be deficient in the said matters, or any of them, the Occupier or next Landlord or Landlords shall incur a penalty of Twenty Pounds."

A clause in the Grand Jury Bill, or in any suitable Bill that may be introduced into Parliament, calculated to remedy such evils, would be attended with the most salutary results, and we beg to submit that a recommendation from the Poor Law Commissioners in favour of such a measure would doubtlessly have great weight. We have the honor, &c.

(signed) WILLIAM WILLCOCKS,
Rector of Chapelizod and Palmerstown.
LELAND CROSTHWAIT,
THOMAS DORAN,
Officers of Health for Chapelizod, Palmerstown, and Ballyfermot.

To Doctors Corr and Phelan,
Assistant Poor Law Commissioners, &c. &c.

GOVERNMENT INSTITUTIONS not receiving Grand Jury Presentments.

Name of Institution.	INCOME. Subscriptions.	Government Grant.	From other sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	Number of Infirmary Patients.	Number of Fever (Hospital Patients.	Number of Midwifery Patients.	Number of Dispensary Patients.	Average Cost of each Patient.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.					£ s. d.
Cork-street Hospital -	178 6 6	3,800 0 0	548 4 0	4,526 10 6	726 13 6	179 12 7	4,194 12 6	5,100 18 7	-	5,358	-	-	0 19 0¾
Lying-in Hospital -	-	1,000 0 0	3,467 1 11	4,467 1 11	-	213 7 2	4,355 1 5	4,568 8 7	-	-	1,987	-	2 5 11¾
Westmoreland Lock, -	-	2,500 0 0	492 13 5	2,992 13 5	290 0 0	148 9 1	2,289 17 11	2,723 7 0	959	-	-	-	2 16 10¾
Doctor Stevens', -	-	1,500 0 0	2,914 8 0	4,414 8 0	184 12 1	613 14 4	3,820 18 5	4,619 4 10	-	1,320	-	-	-
Meath Hos. Fev. Wards of	-	840 14 4	-	840 14 4	40 0 0	173 13 11	627 0 5	840 14 4	-	526	-	-	1 11 11
Richmond, - -						354 5 7	-	-	1,290	-	-	-	-
Whitworth, - -	-	20,000 0 0	564 11 6	*20,564 11 6	420 0 0	148 11 10¾	-	-	996	-	-	-	-
Hardwick Fever, -						148 11 10¾	-	-	-	1,671	-	-	-
Talbot Dispensary, -	-	-	-	-	92 6 0	171 5 8	149 18 3	413 9 11	-	-	-	3,654	-

* This is the sum expended on these Institutions, and on the Lunatics in the House of Industry, and at Island Bridge. The charge for each Institution is not kept separate.

Enclosure II.—Table, annexed to the foregoing Report, of the several Public Medical Charities existing within the limits of the South and North Dublin Unions, in the Year 1839.

	Name and Locality of each Institution.	INCOME. Subscriptions.	County and Parliamentary Grants.	From other sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	No. of Intern Patients. Infirmary.	Fever Hospital.	Total.	Number of Extern Patients recommended: Dispensaries.	Area of Dispensary Districts.	Population of Infirmary, Fever Hospital, and Dispensary Districts.	Proportion of Infirmary Patients to the Population.	Proportion of Fever Hospital Patients to the Population.	Proportion of Dispensary and extern Infirmary Patients to the Population.	Number of Subscribers. Of £1 1s. or more.	Of less than £1 1s.	Total.	Average Cost of each Infirmary Patient.	Average Cost of each Fever Hospital Patient.	Average Cost of each Dispensary Patient.
	South Dublin Union.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.													£ s. d.	£ s. d.	s. d.
	City of Dublin Hospital,	318 15 6	200 0 0	920 14 10	1,439 10 4	30 0 0	156 11 2	1,101 11 5	1,288 2 7	472	–	472	–	–	204,155	–	–	–	224	131	355	2 14 7	–	–
	County of Dublin Infirmary,	351 1 1	642 18 8	337 13 3	1,331 13 0	86 3 1	241 1 4	1,039 18 9	1,367 3 2	914	526	1,440	–	–	176,012	–	–	–	–	–	–	–	1 9 9½	–
	Incurable Hospital,	– – –	746 3 1	927 13 3	1,673 16 4	31 10 0	30 13 2	1,500 13 9	1,562 16 11	90	–	90	–	Not defined.		–	–	–	–	–	–	17 7 1½	–	–
	Mercer's Hospital,	87 18 7	346 3 1	620 7 6	1,054 9 2	70 0 0	62 15 1	777 17 7	910 12 8	712	–	–	–	–	204,155	–	–	–	24	4	28	1 5 7	–	–
	Total of Hospitals,	757 15 2	1,935 4 10	2,806 8 10	5,499 8 10	217 13 1	491 0 9	4,420 1 6	5,128 15 4	2,188	526	2,714	–	–	–	–	–	–	–	–	–	–	–	–
Dispensaries.	Chapel-Izod,	87 14 0	50 0 0	– – –	137 14 0	93 15 8	15 10 0	28 9 0	137 14 0	–	–	–	2,770	–	2,967	–	–	–	42	13	55	–	–	1 0
	Clondalkin,	64 14 6	50 0 0	– – –	114 14 6	100 0 0	15 10 0	– – –	115 10 0	–	–	–	1,078	8,615	3,465	–	–	–	39	15	54	–	–	2 1¾
	Crumlin,	50 10 0	40 0 0	25 0 0	115 10 0	65 0 0	9 18 7	23 13 8	98 12 3	–	–	–	–	–	4,000	–	–	–	20	1	21	–	–	–
	Donnybrook,	70 0 0	50 0 0	– – –	120 0 0	100 0 0	12 0 0	17 0 0	129 0 0	–	–	–	–	–	10,394	–	–	–	–	–	–	–	–	Nearly
	Dublin, General,	111 16 8	130 6 4	49 11 2	291 14 2	60 0 0	107 2 0	116 7 9	283 9 9	–	–	–	11,537	–	204,155	–	–	–	42	1	43	–	–	0 6
	Pitt-street,	144 4 0	25 0 0	7 0 0	176 4 0	– – –	66 2 0	145 11 0	211 13 0	–	–	–	–	–	204,155	–	–	–	37	38	75	–	–	–
	Rathfarnham,	72 6 0	50 0 0	– – –	122 6 0	100 0 0	12 13 3	30 9 6	143 2 9	–	–	–	1,234	2,724	4,573	–	–	–	46	1	47	–	–	2 4
	Sick Poor Institution,	169 10 4	184 14 2	51 2 0	405 6 7	159 15 0	77 10 0	121 17 0	359 2 0	–	–	–	–	–	59,424	–	–	–	85	22	107	–	–	–
	South Eastern	146 13 0	50 0 0	30 0 0	226 13 0	27 10 4	79 4 8	101 9 2	208 4 2	–	–	–	3,757	–	24,831	–	–	–	22	169	191	–	–	1 1 7/10
	St. James's,	39 18 0	30 0 0	– – –	69 18 0	– – –	17 0 0	25 0 0	42 5 0	–	–	–	–	–	13,197	–	–	Nearly	38	–	38	–	–	–
	Tallaght,	70 11 6	50 0 0	– – –	120 11 6	63 0 6	22 10 0	35 1 0	120 11 6	–	–	–	1,000	21,799	7,940	–	–	1 to 8	23	10	33	–	–	2 5
	Total of Dispensaries,	927 18 0	710 0 6	– – –	1,900 1 9	769 1 6	435 0 6	641 16 1	1,849 4 5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	North Dublin Union.																							
	Jervis-street Hospital,	185 4 9	223 1 7	1,203 5 4	1,611 11 8	60 0 0	137 3 5	1,287 7 3	1,484 10 8	586	–	586	–	–	204,155	–	–	–	122	–	122	1 10 4	–	–
	Western Lying-in Hospital,	51 6 3	44 10 0	171 8 11	267 5 0	– – –	6 10 0	170 17 7	177 17 7	–	–	125	227	–	106,551	–	–	–	16	22	38	1 8 6	–	–
	Whitworth Fever Hospital,	95 18 1	35 0 0	127 8 10	254 8 10	– – –	15 0 0	239 8 10	254 8 10	–	128	128	–	–	–	–	–	–	98	10	108	–	1 19 9	–
	Total of Hospitals,	232 9 1	302 11 7	1,502 3 1	2,133 5 6	60 0 0	158 13 5	1,697 13 8	1,916 16 6	586	128	839	–	–	–	–	–	–	–	–	–	–	–	–
Dispensaries.	Castleknock,	93 13 6	70 0 0	12 0 6	175 14 0	105 5 0	20 0 0	41 9 7	166 14 7	–	–	–	1,592	–	5,665	–	–	–	34	10	44	–	–	2 1 7/20
	Drumcondra,	45 5 0	30 0 0	– – –	75 5 0	65 0 0	10 0 0	– – –	75 0 0	–	–	–	840	–	2,534	–	–	–	28	17	45	–	–	1 9 3/20
	Glasnevin,	56 12 6	50 0 0	– – –	106 12 6	79 3 4	15 11 0	9 1 6	103 15 10	–	–	–	1,429	–	3,111	–	–	–	34	6	40	–	–	–
	Howth and Baldoyle,	57 1 0	50 0 0	3 0 0	100 1 0	79 1 0	12 18 0	1 12 0	93 11 0	–	–	–	1,502	–	3,722	–	–	–	42	1	43	–	–	1 3
	Raheny,	70 5 8	40 0 0	– – –	110 5 8	75 0 0	8 1 2	14 17 10	97 19 0	–	–	–	1,369	–	4,106	–	–	–	56	2	58	–	–	1 5 1/4
	Santry,	77 3 6	40 0 0	– – –	117 3 6	100 0 0	10 6 6	9 13 9	120 0 3	–	–	–	1,481	–	2,956	–	–	–	34	4	38	–	–	1 7 1/4
	Total of Dispensaries,	400 1 2	320 0 0	15 0 6	695 1 8	463 9 4	76 16 8	76 14 8	657 0 8	–	–	–	8213	–	22,094	–	–	1 to 2⅔	–	–	–	–	–	–

Appendix (B.)

Reports of Assistant Commissioners.

No. 10.

Report of Mr. Phelan and Dr. Corr on the South and North Dublin Unions.

Appendix (B.)

Reports of Assistant Commissioners.

No. 11.
Report of Mr. Phelan and Dr. Corr on Unions in the Counties of Waterford, Kildare, Wicklow, &c.

No. 11.

REPORT on the Medical Charities in certain Unions in the Counties of Waterford, Kildare, Wicklow, Dublin, &c.—By Denis Phelan, Esq. M.R.C.S. Lond., and Maurice Corr, M.D., *Assistant Poor Law Commissioners.*

Dublin, April 24, 1841.

Gentlemen,

In pursuance of the instructions which we have received from your Board, we have inspected the Public Medical Charities existing within the Waterford, Rathdown, and Athy Unions, and have the honor of forwarding you a detailed account of the nature and extent of the relief afforded in each within the last completed year, and such further information as we have obtained in the course of our Inquiry.

Waterford Union.

Dispensaries.

The *Waterford Union* contains five Dispensaries, a Fever Hospital, and an Infirmary.

The Dispensaries are not judiciously distributed, and the arrangements for affording relief, at some, are very defective.

The population of the Waterford Dispensary District is 28,821. The only paid, or responsible Medical Officer engaged to give relief to the Sick of this population is an Apothecary. This Gentleman, whose multifarious duties are such as to render it impossible for him to visit the Sick, has an Apothecary's establishment in the City, and is in extensive practice there: he is charged with visiting such of the Sick as are unable to attend at the Institution; he is also Apothecary to the Fever Hospital, where he is obliged to visit regularly, and to dispense the Medicines prescribed by the Physicians. These several duties he is expected to perform in person, except when prevented by illness. An accumulation of so many situations in one individual, no matter how talented or how industrious, must of necessity be very injurious to the public, and in fact, it is universally admitted in Waterford, that the Dispensary duties are but very insufficiently performed, and that many of those who most require relief, do not, and cannot obtain it, under the existing arrangements.

At another, the Tramore Dispensary, the duties appear, and are considered in the District, to be very inadequately performed. The Medical Officer resides at the extreme end of a very large and populous District, of which he is stated to visit a great part but very seldom. But even though his residence were more central, and his attendance more evenly diffused over the District, its extent and population are so great, that he would find it impossible to give the necessary relief to the Sick. At another, the Kilmacthomas Dispensary, the boundary of the District, in one direction, is within half a mile of the Institution, and of the Medical Officer's residence, and an extensive and populous tract of country thus contiguous to him, is upwards of 10 miles distant from the residence of the Medical Officer of the Dispensary in which it is included.

We are of opinion, that from these and other causes, Dispensary Relief is not afforded to one half the fit Objects in the Union.

Fever Hospital.

The Fever Hospital was intended jointly for the County and for the County of the City of Waterford. It is well managed, and is capable of affording relief to any number of Cases likely to be supplied within the Union. At the period of our inspection, a large proportion of the beds was, fortunately, unoccupied, a circumstance which we were informed, often takes place. But although a population of 19,554 belonging to the adjoining County of Kilkenny, is included in the Union, this Hospital accommodation cannot, under existing arrangements, be made available for it, though there is no other Fever Hospital within 10 miles of the District. Several expressed their anxiety that such legislation may take place as will enable the fit objects at the Kilkenny side of the Union to be transferred to this Institution.

An examination of the Statistics of the Hospital shows, that from the Western half of the County, very few Patients are received.

Infirmary.

Leper Hospitals.

Waterford is the only County in Ireland in which no County Infirmary has been established. This, perhaps, occurred in consequence of the existence of the Leper Hospital, an Institution of a somewhat similar nature, which had been founded in the City previous to the passing of the 5th & 6th Geo. IV., c. 20, under which these Charities were established. This is a noble Institution, capable of containing 180 beds. Its Funds are altogether derived from estates which are vested in Trustees elected by the Corporation of Waterford. The annual rental is about 1,060*l.* This sum is at present nearly all expended in the support of such Patients as are usually admitted into Infirmaries. The management is in a Master, who receives no salary.

The Hospital is intended for the benefit of fit objects residing in the City or Liberties of Waterford. Severe Casualties are always admitted by the Surgeons; all other Cases on the Order of the Master, to whom a Petition is sent, signed by any two respectable householders, stating that the Patient resides in the City: to this a Medical Certificate must be annexed.

All thus admitted, are free of expense; but the Master admits at his discretion, Patients from any part of the County of Waterford, or Strangers, on being guaranteed a payment of 1*s.* 2*d.* per day, whilst each remains in the house. The number so accommodated is very limited. In the year 1840, 515 Patients were received; of these, 498 were residents of the City and Liberties; only 17 were admitted on payment.

The arrangements of this Hospital under Doctor Poole, its present Master, are excellent, and do him very great credit, and the Medical attendance appears to be faithfully performed by the three Medical Officers.

Doctor Poole states that the funds are sufficient to the support of from 50 to 60 Patients constantly in the house, and that this is perhaps rather more than the wants of the County of the City of Waterford would require.

It is however felt that as a population of at least 50,000, belonging to the Union, is not entitled to admission into this Hospital, and as the Sick have not access to any other, some arrangement is desirable, by which its spare room could be used for their relief. This room is so considerable, that all fit objects within the Union could be readily accommodated in it; it is even probable that its benefits might be extended farther, until or unless the neighbouring Unions supply themselves with Infirmary accommodation. This could be economically accomplished by such an arrangement as would enable the Union or an Electoral Division, or a Dispensary District, to obtain relief in the Hospital, on the payment of a moderate sum. We think it likely that the Trustees and Master would concur in such an arrangement.

Dispensaries.

Several of the Subscribers to the Waterford Dispensary, stated that the subscriptions for these Charities, are not contributed in proportion to the circumstances of the parties who possess property in the District, that many persons of wealth are not Subscribers, and that it is difficult to induce those who do contribute the funds, to take the necessary steps to make the Institution work satisfactorily. They therefore advocate that the funds be raised by compulsory means on the principle of the Poor-rate, and are anxious that some regulating authority be established, in order that the objects of the Legislature may be more satisfactorily attained.

Fever Hospital.

A similar feeling prevails respecting the Fever Hospital, although it was not so decidedly expressed. But as so large a portion of the funds for its support, have been derived from the County Presenting Authorities, and as these have occasionally refused to grant the usual sum, an apprehension is felt that the chief burthen will be thrown on the City. This apprehension is strongly expressed in the Report of the regulating Committee for 1839, who observe,—"It was hoped that the bad feeling, which had for some time existed in the County towards this Institution, and which during the last four years has operated on the County Grand Juries, to withhold the Presentments heretofore usually granted in its behalf, was about to subside: but this hope your Committee lament to state has proved fallacious. A fresh proof of its unabated continuance has recently been furnished; the last application for this most useful Charity, has been rejected, at the late Presentment Sessions at Dungarvan. It appears that the number of County Patients admitted during the year, was 146, of City cases 342."

Dispensaries.

There are two Dispensaries in the Rathdown Union, and a branch of another at Delgany. But as its population is only 39,933, and its area only 51,154 statute acres, there appears to be a greater number of these Institutions, than under a judicious arrangement would be necessary. In fact some of them are distributed without reference to area or population, and without any definition of the boundaries within which the Sick Poor are to be attended by the Medical Officers of each respectively. The consequences are, that those of five Dispensaries actually attend in each other's Districts, and that four of these Medical Officers claim the greater part of the population to be within their own Districts. These are the Attendants of the Booterstown, Stillorgan, Rathdown, and Killiney Dispensaries.

The two Institutions of this class at Bray, furnish a strong proof of the want of some regulating authority, for the better distribution and management of such Institutions. A population of 6,754, in an area of about 5,000 acres, was included in the original Bray Dispensary District. The Sick Poor of this population could readily be attended by one Medical Officer, and it appears that it was very effectively attended by one. A portion of the District, however, being in the County of Dublin, and another in the County of Wicklow, the Grand Jury of one refused to present for more than a sum equivalent to that subscribed by the Gentry connected with that County. Differences thus arose between the Subscribers in both Counties, and eventually a second Dispensary was established in little Bray, not a quarter of a mile distant from the old one. At the time of our inspection, we found both in active operation, in addition to a third, which the senior Medical Officer attends also in Little Bray, but for which there does not appear the slightest necessity, as the duties of that District are stated to be well performed, a circumstance which is equally true of the other.

A power to unite portions of contiguous Counties into a Dispensary District would obviate these and similar difficulties.

Fever Hospitals.

There are three Fever Hospitals in this Union, distributed at Rathdown, Bray, and Enniskerry. These contain accommodation for 100 beds, and are more than sufficient in that respect for the wants of the Union; but the same absence of arrangement, and distribution of Districts, to which we have above adverted in respect to Dispensaries, render this ample accommodation of less value than could be desired.

No Fever Patients are admitted into the Bray Fever Hospital from the adjoining portion of the County of Dublin, except for payment, nor are they admissible into that at Enniskerry, though immediately contiguous to it, but have to travel to Monkstown, in which the Fever Hospital for the Barony of Rathdown is situated, a distance of about 6 or 7 miles. This the Subscribers to the Little Bray and Kilternan Dispensaries state to be an inconvenience which requires to be remedied. The remedy is readily provided, by the formation of Fever Hos-

pital Districts, each part of which would be sufficiently contiguous to the central Institution. But as the Fever Wards of the County of Dublin Infirmary admit Fever cases from all parts of the County of Dublin, it should be understood that Fever Hospital Relief is within the reach of all in the County who can be transmitted to it, or to the Hardwick Fever Hospital.

There is no Infirmary in this Union, but the Meath Hospital is available for all fit objects that are sent to it from the County of Dublin, and the Wicklow Infirmary for the County of Wicklow Divisions of the Union. No want of such relief can therefore be supposed to exist.

In some of the Dispensary Districts several Proprietors and other wealthy persons are not Subscribers. From this cause, and as in the County of Dublin, the Grand Jury Presentment is, in general, less than the sum subscribed, the funds are stated to be insufficient; but this is said to take place in consequence of the Grand Jury supposing that there are more Dispensaries in the County than are really required; and that, under these circumstances, they do not feel called on to grant a sum equivalent to the amount of subscriptions.

Some Subscribers in comfortable circumstances require and obtain the Medical Officer's attendance for themselves and their families. This we find happens in a District where there are not funds to pay the former the salary for which he was engaged.

At some of the Dispensaries in this Union, the Medicines are furnished by the Medical Attendant, at a fixed sum agreed on between him and the Subscribers; and, as might be expected, the supply of this necessary article appears to be insufficient, and the quality of an inferior description. At one Dispensary, a Surgery, which had been fitted up with great taste and convenience some years ago, was found in a most wretched condition, being evidently neglected by the Medical Officer and the Subscribers.

Many of the Subscribers express an opinion that the most likely means of making all these Institutions properly available, would be by having the funds raised on the principle of the Poor-rate, and by the appointment of a competent regulating Board, which, with the local administration effected through the instrumentality of the several Union Authorities, would, they consider, effect all the improvements that could be desired.

Athy Union.

The *Athy Union* contains four Dispensaries, which are judiciously distributed; but, with only one Medical Officer to each, that number is not sufficient to administer to the wants of the Sick Poor of a population of 50,457.

A considerable portion of the Sick must thus be deprived of domiciliary attendance in this Union.

A very good Fever Hospital has been lately established in Athy. It is a District Institution, and is capable of affording very considerable Relief, if judiciously managed. It is in charge of the Medical Officer of the Athy Dispensary, who is paid 60*l.* per annum for attending it. On the occasion of our inspection, the following circumstances were stated at a full and respectable Meeting of the Subscribers.

A benevolent Gentleman, to whom the Grand Jury granted 116*l.* for a Malicious Burning, handed it over to his neighbours as a nucleus to form a Fund for the Building of a Fever Hospital in Athy. Several Subscriptions were obtained, and were placed along with that sum in the hands of a Treasurer—a most respectable Gentleman. A County Grant was obtained, and the Hospital being nearly ready for the reception of Patients, a day for the election of a Medical Attendant was fixed on. The Subscribers were divided with regard to the Candidates, some being in favour of the Dispensary Doctor, whilst others were friendly to a Practitioner, who is stated to be far better qualified, and who resides in the Town. Each party was determined, if possible, to secure the situation for its own friend. Neither, it would appear, for a moment bestowed a thought on the advantages likely to result from the appointment of two Medical Officers. On the evening before the election, the Treasurer was handed 71 Guineas, with a list of 71 Names, said to be those of respectable Cess Payers, all of whom that Gentleman believed to be favourable to the better qualified Candidate. The Treasurer very properly informed the other Candidate of this payment, and intimated that he was ready to receive Subscriptions from parties favourable to him. When the Chair was taken, and it was perceived that the Candidate for whom these 71 Subscribers were created was sure to have a majority, the Treasurer gave the other Candidate 100 blank Receipts for one Guinea each, which the latter filled with such names as he pleased. As many of these receipts were sent into the Town as were necessary to secure a majority; and Parties who had not contributed, and who in fact were unable to contribute, being mere paupers, were brought in to Vote, and by this means a majority was obtained.

It is right to state that the Treasurer declared, that in giving these blank Receipts to one Candidate, he made himself accountable for the amount, and that he was ready to give them to the other if required.

But however impartial the conduct of this Gentleman may be, the proceeding is totally at variance with the principle on which the Legislature intended that the Appointment to these Institutions should depend, namely, a *bona fide* payment of a certain amount of Subscriptions, handed to the Treasurer before the Chair is taken for making such Election. Parliament could not have contemplated, that when the Subscribers come to Vote, and the Chair is taken, a Candidate shall be enabled to avail himself of the information he may possess, by being present, and in communication with the Treasurer, and to obtain from him blank Receipts, to be made use of as he pleases.

These facts were admitted by the Treasurer before the Meeting at which we attended; and as the parties who were present, and who sanctioned these proceedings are of the highest respectability, the circumstance affords a strong instance of the defects of the present mode of making these appointments.

As might have been expected, the friends of the defeated Candidate felt indignant at the result of the Election, in consequence of the means by which it was effected, and they were about to traverse the Grand Jury Presentments, and thus prevent the Institution from being turned to any useful account, when we suggested that each Party should consider that the Hospital was not established for the benefit of any particular Doctor, but for that of the Sick Poor, and that the public good might probably be best consulted, the Institution better worked, and more Funds perhaps obtained, if both the Medical Gentlemen were appointed at the Salary proposed to be paid to one; as such a proceeding would be likely to ensure the co-operation of both parties in favour of the Charity.

It was considered by some who attended this and other Meetings in the Union, that Subscriptions to a sufficient amount for the support of the Dispensaries and Fever Hospitals are not likely to be obtained—that the present arrangements are in many respects unsatisfactory, and that a compulsory Assessment, under proper control and regulation, is advisable. The Noble Lord who was Chairman of the Athy Fever Hospital Meeting, which we attended, gave it as his opinion that up to that day he thought two-thirds of the expense of supporting Fever Hospitals ought to be paid out of the Consolidated Fund, premising always that some change would be found necessary; but the plan of procuring the Money for these Hospitals in the same way as the Poor-rates are now raised did not then he said occur to him, and it may be a better mode than any other that could be suggested. Amongst other benefits that would arise from it, he thought that of defining the several Dispensary Districts would be a very material one, and could be readily accomplished.

A considerable portion of the Union is sufficiently near the Kildare Infirmary to admit of the transmission of Patients to it. The Southern part, however, is too remote from that Institution, and could much more conveniently obtain that species of relief at Carlow, were not Infirmary arrangements confined to County Boundaries.

We annex a Statistical Table to each Union Report, which will afford such information respecting the Income, Expenditure, &c. of each Institution as we have been able to obtain.

We have the honor, &c.

(signed) DENIS PHELAN, M.R.C.S. Lond.
M. CORR, M. D.,
Assistant Poor Law Commissioners.

TABLE, referred to in the foregoing REPORT, of the several Public MEDICAL CHARITIES existing within the limits of the undermentioned Unions in the Years 1839-40.

Description and Locality of Institution.	INCOME. Subscriptions.	Parliamentary and County Grants.	From other sources.	Total.	EXPENDITURE. Salaries of Medical Officers.	Cost of Medicines.	Contingencies.	Total.	No. of Intern Patients. Infirmary.	Fever Hospital.	Total.	Number of Extern Patients recommended.	Area of Infirmary, Fever Hospital, and Dispensary Districts.	Population of Infirmary, Fever Hospital, and Dispensary Districts.	Proportion of Infirmary Patients to Population.	Proportion of Fever Hospital Patients to Population.	Proportion of Dispensary Patients to the Population.	Number of Subscribers. Of £1 1s. or more.	Of less than £1 1s.	Total.	Average Cost of each Infirmary Patient.	Average Cost of each Fever Hospital Patient.	Average Cost of each Dispensary Patient.
ATHY UNION.																								
Athy Fever Hospital, -	£ s. d. 758 12 5	No County Grant yet paid.			Hospital erected but has only commenced giving relief.				–	–	–	–	–	–	–	–	–	22	–	22	–	–	–
Dispens. Athy, - - -	81 7 0	81 6 0	3 15 3	166 8 3	131 4 8	22 3 4	30 16 11	184 4 11	–	–	–	2,628	39,089	13,057	–	–	1 to 5	31	–	31	–	–	1 4½
Castledermot, - -	62 10 0	62 10 0	– – –	125 0 0	75 0 0	25 0 0	11 1 0	111 1 0	–	–	–	1,828	34,322	9,500	–	–	1–5½	23	21	44	–	–	1 2½
Monastereven, -	59 17 0	59 17 0	– – –	119 14 0	80 0 0	26 5 5	7 16 0	114 2 1	–	–	–	3,551	27,328	8,881	–	–	1–2½	42	–	42	–	–	0 7½
Stradbally, - - -	82 8 6½	82 8 6½	– – –	164 17 1	107 13 10	24 17 1	27 9 1	160 0 0	–	–	–	2,411	51,142	11,343	–	–	1–4½	28	–	28	–	–	1 4
Total for Dispensaries, -	286 2 6½	286 1 6½	3 15 3	575 19 4	393 18 6	98 5 10	77 3 8	569 8 0	–	–	–	10,418	151,879	42,781	–	–	1–4⅛	146	21	167	–	–	1 8½
RATHDOWN UNION.																								
Bray Fever Hospital, - -	36 8 0	72 16 0	– – –	109 4 0	– – –	9 1 8	171 2 9¾	180 4 5¾	–	38	38	–	–	3,589	–	1—94½	–	8	5	13	–	4 14 11	–
Enniskerry do., - - -	45 0 0	90 0 0	– – –	135 0 0	60 0 0	7 18 8	156 2 0	224 0 8	–	84	84	–	–	–	–	–	–	17	–	17	–	2 13 4	–
Rathdown do., - - -	75 5 11	40 0 0	55 19 6	171 5 5	20 0 0	16 3 6	118 18 8	155 2 2	–	189	189	–	–	29,288	–	1–155	–	49	5	54	–	0 16 5	–
Total for Fever Hospitals,	156 13 11	202 16 0	55 19 6	415 9 5	80 0 0	33 3 10	446 3 5¼	559 7 3¼	–	311	311	–	–	–	–	–	–	74	10	84	–	1 15 11¾	–
Dispensaries. No. 1, Bray, Co. Wicklow,	38 3 0	38 3 0	2 14 6	79 0 6	65 0 0	14 9 10	– – –	79 9 10	–	–	–	1,802	1,441	3,589	–	–	1–2	8	6	14	–	–	0 10⅜
No. 2, Bray, Co. Dublin,	32 0 0	30 0 0	– – –	62 0 0	50 0 0	12 19 5	8 3 0	71 2 5	–	–	–	1,515	6,649	3,255	–	–	1–2½	20	–	20	–	–	0 11¼
Booterstown, - -	51 2 6	30 0 0	– – –	81 2 6	80 0 0	13 1 4	14 0 6	107 1 10	–	–	–	1,076	466	3,549	–	–	1–3½	46	8	54	–	–	2 0
Dundrum, - - -	55 0 0	40 0 0	– – –	95 0 0	70 13 4	20 12 9	12 1 2	103 7 3	–	–	–	2,169	–	5,000	–	–	1–2⅝	46	1	47	–	–	0 11⅜
Enniskerry, - - -	74 0 0	74 0 0	– – –	148 0 0	60 0 0	23 16 0	25 3 0	108 19 0	–	–	–	1,598	–	–	–	–	–	27	–	27	–	–	1 4⅜
Kilternan, - - -	46 0 0	30 0 0	– – –	76 0 0	57 11 6	11 10 0	6 18 6	76 0 0	–	–	–	2,630	–	2,282	–	–	1⅓–1	35	–	35	–	–	0 7
Stillorgan, - - -	33 17 0	30 0 0	– – –	63 17 0	50 0 0	8 7 0	9 2 0	67 9 0	–	–	–	1,210	–	2,795	–	–	1–2⅛	19	8	27	–	–	1 1⅜
Killiney,* - - -	92 12 1	50 0 0	– – –	142 12 1	90 5 1	11 7 3	40 17 9	142 10 1	–	–	–	1,124	–	–	–	–	–	57	29	86	–	–	2 6½
Kingstown,*- - -	65 17 0	50 0 0	– – –	115 17 0	88 0 0	17 18 5	8 18 3	114 16 8	–	–	–	1,253	–	13,000	–	–	1–3⅜	52	4	56	–	–	1 10
Rathdown,* - - -	126 11 6	80 0 0	– – –	206 11 6	110 15 4	8 12 7	59 6 10	178 14 9	–	–	–	1,232	–	–	–	–	–	66	8	74	–	–	2 10⅜
Total for Dispensaries, -	615 3 1	452 3 0	2 14 6	1,070 0 7	722 5 3	142 14 7	184 11 0	1,049 10 10	–	–	–	15,609	–	–	–	–	–	376	64	440	–	–	1 4⅛
Total for Fever Hospitals and Dispensaries, -	771 17 0	654 19 0	58 14 6	1,485 10 0	802 5 3	175 18 5	630 14 5¼	1,608 18 1½	–	311	311	15,609	–	–	–	–	–	450	74	524	–	1 15 11¾	1 4⅛
WATERFORD UNION.																							
Waterford Leper Hospital, -	No Subscription or Grant		1,060 19 0	1,060 19 0	140 0 0	68 6 0	807 16 0	1,016 2 0	515	–	515	–	–	28,821	1—56	–	–	–	–	–	1 19 9	–	–
Waterford Fever Hospital, -	99 16 0	500 0 0	88 1 8	687 17 8	120 10 0	50 3 0	502 15 0	673 8 0	–	493	493	–	–	28,821	–	1—58½	–	71	–	71	–	1 7 3¾	–
Dispensaries. Gualtier, - - -	62 15 0	62 15 0	– – –	125 10 0	100 0 0	14 0 0	3 16 0	117 16 0	–	–	–	1000	–	10,209	–	–	1–10½	31	–	31	–	–	2 4½
Kilmacon, - - -	75 11 0	75 11 0	– – –	151 2 0	110 0 0	31 11 0	9 0 0	150 11 0	–	–	–	No Record.		10,606	–	–	–	41	12	53	–	–	–
Kilmacthomas, - -	99 3 7	76 17 6	– – –	176 1 1	140 0 0	28 9 0	15 19 4	184 8 4	–	–	–	No Record.		9,606	–	–	–	25	–	25	–	–	–
Tramore, - - -	60 12 0	60 12 0	15 13 0	136 17 0	95 0 0	25 0 0	10 0 0	130 0 0	–	–	–	2044	–	14,034	–	–	1–7	20	7	27	–	–	1 3½
Waterford, - - -	53 13 3	53 13 3	284 7 0	391 13 6	60 0 0	78 12 0	6 4 0	144 16 0	–	–	–	8500	–	28,821	–	–	1–3⅜	43	2	45	–	–	0 4⅛
Total for Dispensaries, -	351 14 10	329 8 9	300 0 0	981 3 7	505 0 0	177 12 0	44 19 4	727 11 4	–	–	–	11,544	–	73,276	–	–	–	160	21	181	–	–	–
Total for Union Dispensaries and Hospitals,	451 10 10	829 8 9	1,449 0 8	2,730 0 3	765 10 0	296 1 0	1,355 10 4	2,417 1 4	515	493	1,008	11,544	–	102,097	1—56	1–58½	–	231	21	252	1 19 9	1 7 3¾	0 8⅛

* The Districts and Population of these cannot be defined.

No. 12.

REPORT of an Inquiry into the Medical Charities of Ireland.—By Maurice Corr, M. D., *Assistant Poor Law Commissioner.*

Dublin, 2nd April, 1841.

Gentlemen,

I have the honor to submit such suggestions, relative to the more effective management of the Medical Charities in Ireland, as the inspection of these Institutions, and the information thereby obtained, induce me to offer.

Bearing in mind, that when the Union Work-house comes into operation, a certain proportion of the Sick Poor (the destitute) will obtain Medical Relief in it, I was the better enabled to direct my attention towards ascertaining the probable additional Medical Aid which might be required for the Union.

Conceiving that much information would be obtained by having, at each Institution, the assistance of the Governors and Subscribers, I invariably sent them, through the Medical Officers, early intimation of the intended inspection. The suggestions offered by these parties, as well as the anxiety evinced by the Noblemen and Gentry who frequently honored me with their attendance, prove the deep interest they feel respecting the Medical Relief of the Sick Poor.

Amongst all classes throughout the country, the necessity of keeping up an efficient Hospital and Dispensary System was freely advocated; and this feeling would appear to be founded, in a great degree, on the principle "That Sickness amongst the Poor, (even though not destitute) when neglected, must in general lead to destitution." The public indeed, seem universally impressed with the idea, that the best mode of restraining Work-house expense, is by establishing, in each Union, such Medical arrangements as will meet the wants of the Sick Poor, and thus give a check to one of the most fruitful sources of pauperism and destitution. In the accuracy of this reasoning I fully concur.

In the progress of my investigation I ascertained the existence of many defects in connexion with the existing Medical Institutions, which require remedial legislation, in order to render them more useful, and better calculated to afford the requisite relief.

Many circumstances tend to lessen the utility of the different classes of these Institutions. I will, in the first instance, direct the attention of your Board to some facts connected with the Dispensary System.

Dispensaries.

This class of Charities is capable of being made a most valuable assistant to the operation of the Poor Law, by affording timely aid in case of accident or disease, and thus preventing death or disablement in the heads or working members, and ultimate pauperism of entire families.

The Dispensaries are by no means fairly dispersed through the country, being in some localities crowded unnecessarily together, whereas, in other Districts, a whole extent of country is left without any Dispensary or other source, from whence the Sick Poor can procure relief.

There is a total want of any accurate definition of Dispensary Districts; there are no possible means of ascertaining the boundaries of many Districts, the Medical Superintendent being in most cases guided by the residence of the Subscribers, the Patients on whose properties he is obliged to attend without reference to distance. Thus I found that, in many instances the Doctor of one had to go into, or beyond the District of another Dispensary; and in a great number of Districts I observed the space, to be included, much too extensive to be satisfactorily attended by a single individual.

The situation in which the Dispensary-house is placed, is frequently very inconvenient, being either on the borders of the District, or remote from that portion of it in which the population is most dense.

The Dispensary-shops, in a great majority of instances, consist of mud cabins, or small rooms in very inferior descriptions of houses, which from their damp nature and earthen floors, must cause the Medicines, (those particularly of the vegetable kind), to spoil. Accordingly, I was not surprised at finding the stock of Medicines usually in bad condition, while the wretched fixtures and the meagre stores which they contained, gave strong evidence of their unfitness, and presented an unfavourable contrast with the amount expended on these articles—a part of this subject which requires much consideration. There does not appear to be, in the charges for Medicines, any uniform standard, neither do they bear any possible proportion either to the population, number of Patients returned, or to each other in the different Districts. On this account, any calculation respecting the average cost of this class of Patients, must be exceedingly imperfect. In some places I found that the Medical Officer was allowed a certain sum per annum for the supply of Medicines.

The mode of Registration of Patients is a very defective part of Dispensary arrangement, and requires particular attention. In some parts of the country, I ascertained that no Register is kept, in others, it was impossible to consider them as accurate records of the number of Patients relieved—it being the custom to enter the number of prescriptions and not of individuals. By this loose method of registration, numbers are returned to the Grand Juries, "as persons relieved," often equal to, if not exceeding, half the population of a District; and, consequently, no calculation can be made of the actual relief given.

The non-residence of the Medical Officer, who sometimes lives 6, 8, 10, or even 15 miles from the Dispensary, is another great defect; the fact also, that some Dispensaries are visited (even at those distances), but once, a few not oftener than twice, each week, must create doubts as to their present efficiency, the more particularly, when it cannot be denied that in many cases of accident or acute disease, a daily attendance is absolutely necessary.

I have repeatedly ascertained that Subscribers are in the habit of obtaining Advice and Medicines from the Dispensaries, for themselves, their families, servants and tenants; and, that subscriptions are often given upon the understanding that such should be the case, and moreover, that all tenants, rich and poor, of the Subscriber, should be relieved. Besides these, I learned that other unfit cases procure Dispensary Aid; thus, rich Farmers, holding large tracts of land, are often found amongst the Patients; and it is a common occurrence in Towns, to hear that Shop-keepers are in the constant habit of giving tickets to persons well able to pay for Advice and Medicine, but who purchase some article from the Shop-keeper, and in return, receive the Dispensary Ticket. The Medical Officer seldom refuses to prescribe for and give Medicine to such Patients, being afraid that he might annoy and lose a Subscriber. The injustice of this practice bears both on the Rate-payers, whose funds are thus appropriated to wrong purposes, and on the Apothecaries, who under other circumstances, would have the sale of the required Medicines.

Although in most instances, Committees of Management appear to be chosen, yet on inquiry, I ascertained, that they pay little attention to the affairs of those Institutions; seldom meeting, not even, perhaps, to settle the annual accounts; thus leaving the entire management to the Treasurer or Medical Officer.

The want of any means of providing that species of relief in Dispensary Districts, which can only be given with effect in the Wards of an Hospital, was much complained of, particularly in rural Districts which are remote from County Infirmaries or Fever Hospitals, and I was repeatedly requested to record the feelings of the Subscribers on this subject.

There is no regular scale of payment for the Medical Officer, whose remuneration, in various Districts, is not proportionate to the duties to be performed; whilst it often happens that his Salary consists of the balance remaining after the discharge of all other claims upon the funds, and consequently, when, from decrease of subscriptions and County Grants, the funds are small, the Salary is extremely scanty.

The difficulty in collecting subscriptions, hitherto existing to a great extent, has of late much increased; and this duty frequently devolves upon the Doctor, to whose feelings its performance, according to the information I received, is not very consonant nor productive of profitable results. Since several complaints were made by Medical Officers of not *being refunded subscriptions advanced by them, on the promises of repayment by* SUBSCRIBERS.

Fever Hospitals.

The second order of Medical Charities which I wish to bring under your notice, includes those Hospitals especially intended for the treatment of the Poor when labouring under Fever, and my experience, from all I have seen and learned, induces me to state that they are by no means sufficiently numerous, nor calculated in many other respects to afford any thing bordering upon adequate relief. In many Districts (entire Counties for example) no such Institutions are to be found. In some Counties where small Fever Hospitals have been established, they appeared not to be fairly distributed in proportion to the population, and in general their benefits were either *intended* for a small surrounding District, or, at all events, they do not extend relief beyond such distance. This may depend partly on the circumstance that a prejudice exists in the minds of the people against going into *distant* Fever Hospitals, whereas they appear to have much confidence in the Hospitals in their respective localities, and gladly avail themselves of them. In proof of this I observed that, in some places where small temporary Fever Hospitals had been formerly erected, the benefit which they afforded was mentioned as an argument in favour of such Charities, coupled with expressions of deep regret that present circumstances admit not of the adoption of similar means.

The larger Fever Hospitals in Towns are less beneficial than might be expected, relief being confined to a comparatively small circle, by regulations, which restrict the admission of Patients to those residing within a certain distance from the Hospital. Many examples were mentioned of the evils resulting, and of the spread of contagion consequent upon such restrictions, and several stratagems have been resorted to by the friends of the Sick, to make these Hospitals available to Patients living beyond the prescribed boundaries.

Through my entire progress, I learned that Fever, which more or less prevails in every District, has in many, of late, been very prevalent; and that the results have proved most disastrous. It was universally remarked, that when Fever prevailed in a District, the people not only at that time, but for a long period afterwards, experienced the utmost want.

No circumstance connected with this Inquiry struck me more forcibly, than the anxiety evinced by all parties to have Fever Hospitals established. In every direction I went, my attention was called to scenes of the most heart-rending nature, arising from the want of such accommodation, and to histories of destitution in entire families, the consequences of deaths (from Fever) of the supporting members, and in many instances, I was told that the most strenuous exertions had been made, in order to meet the exigency. The praiseworthy endeavours thus made, generally failed, owing to many causes. In some places, where subscriptions were collected to a certain amount, a sufficient sum could not be made up. In others, the usual grant was refused by Grand Juries and Road Sessions, on the grounds that it would not be fair to tax *the County at large* for these *Local* Hospitals. But the parties so refusing, strongly advocated the principle of establishing *Local*, *Baronial*, or *District* Fever Hospitals. In many parts of the County, benevolent individuals were willing to

advance sufficient funds, and, in some, money has been lodged for the purpose, but it was considered prudent to postpone the erection of these Hospitals, until the result of the Medical Inquiry, now being made, be ascertained.

In some Towns, where Fever Hospitals are established, and in, or near which, two or three Counties unite, those Patients alone have a legal right of admission, who live *in the County* in which the Hospital is placed, whilst the Poor in the *immediate vicinity, but not in that County* are deprived of this advantage.

Infirmaries.

County Infirmaries, although well managed Institutions, are by no means calculated to give that quantity of Hospital Relief which the fit Cases of an entire County require. In *some* Counties, I found them placed at its extremity; whilst in *all*, the distance from remote Districts makes it impossible that they can be sufficiently available for them.

In addition to the distance, many other causes, such as the want of proper modes of conveyance, uncertainty of admission, expense, difficulty in procuring Letters of Admission, &c., &c., have the effect of preventing Patients from distant portions of a County from going to its Infirmary, and hence the majority of the Patients come from within a comparatively short distance.

The great extent of several of the Counties, both in area and population, would suffice as an argument against any assertion, to the effect, "*that one* Infirmary could be sufficient;" but in no County that I visited, was it advocated, that such is the case: on the contrary, it was openly acknowledged, not only in remote Districts, but even at the Infirmaries, and it was frequently mentioned, that no benefit whatever was obtained, at remote points, from the Infirmary.

In reference to this opinion, my professional knowledge enables me to say, that I consider, in cases of Compound Fracture, or other equally severe Accidents or of acute Diseases, the existence of, and dependence on *one* County Infirmary, entirely insufficient for the supply of adequate Relief; for, surely, in a County upwards of 100 miles in length, cases of this description could not be expected to receive the required assistance from an Institution, situated perhaps 25 or 30 miles distant.

I shall now briefly allude to the present state of the Funds, from whence these Charities have been hitherto supported, and will then offer some remarks relative to these remedial measures, which, in my own opinion, would best conduce to render them most beneficial to the Sick Poor.

The want of sufficient Funds is much experienced and complained of, and considerable apprehension is entertained (I may say universally), that the continued decrease in subscriptions may soon render Medical Relief to the Poor, to a great extent, less efficient than it is even at present.

In many places the annual subscriptions have lately been diminished very much; in others, the subscriptions come chiefly from the friends of the Medical Officer, while in some Districts, no Medical Relief whatever is available for the Poor, the Charities having lapsed from want of Funds. These occurrences are not confined to any particular locality or County.

The cause generally assigned for this diminution of funds, (which, so far as my information guides me, were never based on a permanent foundation, nor, at any period, sufficient to meet the wants which they were intended to relieve,) is the forthcoming payment of Poor-rate. Very many, even wealthy individuals, who hitherto freely subscribed, now refuse, asserting that *Medical* Charities should be supported out of the Poor-rate, others say, "Subscriptions for Medical Charities would actually be a *second Poor-rate.*" While others again complain, "that all the expense of these Charities falls upon the *Occupiers*, and *little* or *none* on *Proprietors,* few of whom subscribe to them; and yet in most cases, a great proportion of the Patients relieved, are tenants on their properties."

A very general complaint was made, as to the injustice of having no means of compelling Proprietors and other wealthy parties, to subscribe for the support of the Sick Poor; and the frequency of this and similar observations, as well as the results which I perceived to follow wherever pecuniary aid has been withdrawn or diminished, could not fail to convince me of the precarious nature of the fiscal arrangements of the Medical Charities in this country, and the urgent necessity which exists, of having some more fixed and equitable mode of obtaining adequate funds. The records of former transactions bear ample testimony in favor of this opinion, In some instances I found that recourse has been had to Loan Funds, and other fluctuating resources to prop up falling establishments: and even where Government has advanced money to meet the pressure of prevailing epidemics, the refusal to repay this money, confirms my views as to the necessity of having some certain pecuniary arrangement, by which similar wants could at once be met.

Finding (from reflection on all the foregoing circumstances,) that *Medical Relief* for the Sick Poor is deficient, that *funds* to supply it are uncertain and insufficient, that *Infirmary* and *Fever Hospital* aid falls far short of its demand, that the *Dispensary System*, to become necessarily useful, stands in need of material alteration,—I am free to confess that I look upon a total revision and a re-organization of the Medical Charities of Ireland, as being imperatively demanded.

In turning my attention towards those remedial measures, which I consider best calculated to effect this most desirable object, I always bear in recollection that I am dealing with three classes in the community, whose interests I conceive should be inseparably connected. These are the Sick Poor, who possess a natural claim for relief; the Proprietors and Rate-payers, who are called upon to support the Medical Charities, and the Medical Gentlemen

throughout the country, who are appointed to administer that relief, and a due performance of whose duties, demand a devotion of their time and professional knowledge. I may add, that in any future arrangements, I trust a proper consideration of the importance of these interests may not be overlooked.

The Subscribers and Rate-payers, who have hitherto supported the Medical Charities, perceive their approaching decline from want of funds, they are sensibly alive to the evil results certain to follow, and they appear anxiously desirous to meet the danger, as best they can.

To this end, various suggestions have been offered, but I have no hesitation in recording it to be the decided opinion of a great majority of those parties whom I met, that the funds for the support of all Medical Charities, should in future be supplied by a compulsory Rate, to be raised off the country, either as a portion of, or after the manner of the Poor-rate, A strong inclination towards this opinion prevails, even in those localities, where as yet no decrease has taken place in subscriptions, and the reasoning generally advanced, amounts to this, "that by spreading the expense over the entire area or property of a District, the amount required will not fall heavily on any particular class, but will be equally divided amongst all. That those Proprietors and others who have not heretofore contributed, will by this arrangement, be compelled to give their quota, and that present Subscribers will be relieved from the double payment of subscriptions, and their share of the County-cess at large."

The *equity* and *certainty* of this plan, (so far as my judgment leads me,) seem to be unquestionable, and I am confirmed in my views by having learned, in many places, that strong resolutions have from time to time been adopted to that effect. The evidence, (cheerfully afforded,) of the Noblemen and Gentry, whose constant residence in the country entitles their opinions to be held in the highest estimation, goes directly to prove that no other possible arangements, for providing sufficient funds, could be looked upon as likely to be successful or permanent.*

Conceiving it probable that such an alteration in the mode of providing funds, is likely to occur, the generality of the present Subscribers feel most anxious to have their ideas put forward, as to the *manner* in which these funds can best be *managed* and *dispensed.* I invariably observed a jealous disinclination to deprive the Local Gentry and Rate-payers of this power, and upon most occasions a wish was expressed to have the *future management of all Medical Charities* entrusted to *Local Boards.*

The Suggestions, which on this point I received, were so entirely similar in the different Districts visited, that I feel called upon to record them as the wishes of the community, and they all tended to the effect, "that these *Local Boards* should be comprised from a selection of the resident Clergymen, Gentry, Electoral Guardians, and highest Rate-payers; that they should be guided by some uniform code of laws: should have the power of electing Medical and other Officers, and be under the *control and inspection of some superior Board or authority.*"

I am convinced the country is prepared to adopt the *principle* of this arrangement, which however must include considerable detail.

Provided any change be made in the laws, regulations, and fiscal arrangements of the Medical Charities, it will be necessary to adopt certain measures, in order to carry such alterations into effect, and foremost among these, I look to the plan of placing all those Institutions on, (If I may use the expression,) *Union Foundation*, as being most useful and necessary. Useful in as much as it would obviate a *double machinery* for the supply of funds, and thus prevent considerable difficulties, confusion, and expense; necessary, because I consider the *twofold* relief of which the poor are in need, (Work house and Medical,) as inseparably connected, and that any endeavour to raise a *separate* Rate for their support, would prove unsuccessful.

I fully agree in the propriety of having *Local* Boards of management, seeing no machinery better calculated to carry out a proper system of Medical Relief, than by placing it in the hands of the Clergymen, Gentry, and Rate-payers in each locality. There are few Districts in which a sufficient number of such individuals are not resident, and even in those places not thickly inhabited by private Gentlemen, a Board could easily be formed from the Clergymen, Ex-officio, and Electoral Guardians, and Rate-payers. The addition to each Board, of the Clergymen, I consider indispensible, as they in general best know the wants and sickness of the poor.

Considering that it is proposed to connect the fiscal arrangements of the Poor Law and Medical Charities, and impressed with the opinion that a complex taxation would be extremely unpopular, I am highly favorable to any legislation, that would give the Poor Law Commissioners a controlling authority over the funds, for I am convinced that in no other way, can an adequate pecuniary support for these Charities be secured. In this manner I would meet the views so frequently expressed, in reference to "a *supreme* or *controlling Board* or *Authority.*

Between this supreme authority and the Local Boards, I would propose an intervening

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* By the Law as it now stands, Grand Juries are *imperatively* required to grant a sum for Dispensaries, equal to the amount of the subscriptions *as returned* to them. But they possess no power of *testing these subscriptions, so as to ascertain if they be genuine or otherwise.* The plan proposed, of placing the funds for the support of these Institutions, under the Poor Laws, would effectually check any *abuses* connected with *subscriptions.*

power, to be vested in a given number of Medical Inspectors, to whose duties I shall hereafter refer.

If to these authorities, the services of a Medical Board in Dublin be added, I consider that a system of Medical Police would be established, equal to meet the wants and wishes of all parties.

In *each Union*, I would recommend the establishment of as many (and no more) Dispensaries, as would secure sufficient Medical aid to the Poor within the Union. These should be properly dispersed according to area and population. The Dispensary-house should be as nearly as possible in the centre of the District; it should be under the care of a properly qualified and resident Medical Officer, and, in order to secure those public services to the fullest extent, a sufficient remuneration should be available from the Rate. He should be required to adhere strictly to certain rules and regulations to be hereafter agreed upon, for the guidance of *all* Dispensaries uniformly, and to nothing more particularly than a correct Registration of the Patients. according to a fixed form of Register. He should keep accurate Records of the various diseases coming under his care, and thus, in conjunction with his fellow Officers through the country, would become the means of contributing useful information relative to the Medical Statistics of Ireland, (a matter hitherto greatly neglected.)

In addition to these Records and this Register, it would be necessary for him to keep books, so framed as to enable the average expense of his Institution to be at any time ascertained. There should be a power (of course under certain limitations,) vested in the Medical Officer of each Dispensary Union. of sending Fever and Infirmary cases, coming under his observation within the Union, to some Fever Hospital or Infirmary, to be also within the Union. He should act as Officer of health in his District, and be required to have ready for inspection, at least once in each year, all Books of Registry, &c. Records of Disease, Medicine Accounts, Recommendations of Patients, &c. &c.

When taking into consideration the mode of recommending Patients for Dispensary Relief, means should be adopted to guard against a recurrence of the abuse at present so freely practised, and no measure left untried which could prevent *unfit* cases from obtaining Advice or Medicine. The power of sending Patients should be vested in some particular body, perhaps in the *Local Board* already adverted to, or the plan adopted as to the admission of Paupers into the Workhouse, with some modifications, might be found available.

The election of Medical Officers to the Dispensaries, might be left to the Board of Guardians, subject to the approval of the Poor Law Commissioners and Medical Board conjointly.*

The supply of Medicines and other necessaries to be, in the first place, brought by the Medical Officer under the consideration of the *Local Board*, who, having investigated and agreed to the Estimate, should then forward it for approval to the Authorities in Dublin, and no payments to be made without their sanction.

The *pressing* want of *Fever Hospital* Relief, and the repeated complaints on this point have impressed strongly on my mind the urgent necessity for some Legislation on the subject. The existing Laws are defective, it *not* being *imperative* on Grand Juries to grant *any particular* Sum, in proportion to the amount of subscription.

I consider that in *each Union* there should be at least *one* Fever Hospital, and as much as possible in the centre of the Union. Should it be necessary to increase the number, then a sub-division of the Union into Districts, according to population, would be required, and the situation of the Hospitals arranged accordingly.

The *early* administration of Medical Aid being, in Fever, of the *utmost* importance, every practicable facility of admission into the Union Fever Hospitals compatible with a due regard to strict economy, should be afforded, and consequently Medical Officers in the surrounding Districts should (as I stated when referring to Dispensaries) have some authority to send Patients to these Union Hospitals. An Annual Inspection would serve as a check against any abuse in such an arrangement.

There should be a Resident Medical Officer at each of these Hospitals, and who should be fairly remunerated. He should be required to keep similar Records, and make similar Reports , as those mentioned when describing the duties of the Dispensary Doctors ; and in addition, he should be responsible for all expenditure of Diet, &c. in the Hospital, and keep Tables of Diet, and other Records, by which the average expense of Patients could be known.

A Local Board, Supreme Central Inspection, and Fiscal Arrangements, should all apply to this class of Medical Charity, equally as to Dispensaries.

At each Fever Hospital there should be some mode of conveyance for Patients, to be made use of when required, by an Order from the recommending Authorities. I found this rule existing at some of these Fever Hospitals I inspected, and it appears to be very useful.

In Towns where large Fever Hospitals are already established, these might be continued as central Hospitals for said Towns, and a certain surrounding District, in proportion to the population, and by introducing the *Union* system, these Hospitals would, in Towns where Counties unite, open the facility of giving Fever Hospital Relief to *all* the Poor of such Town and vicinity, without any reference to County boundaries.

To the power, already proposed to be given to the Dispensary Doctor, of sending Patients to the Union Fever Hospital, I believe it would tend much to impart confidence into

* In mentioning "the appointment of Medical Officers to Dispensaries and Fever Hospitals," it should be borne in mind, that the present Laws *do not require any qualification* for such Appointments, and that some of these Institutions are attended by unqualified persons.

the minds of the Sick, if he were authorised to pay occasional visits, and to attend consultations in the Hospital, on such Patients as he would send from his District.

The necessity of erecting *new* Fever Hospitals in some Districts, where some at present exist, might be obviated by adding a sufficient number of Fever Beds, or Wards, to County Infirmaries or other Hospitals, and thus adhere to that spirit of economy, which should not be lost sight of. This plan has, in a few instances, been adopted with a most satisfactory result, proving the absence of danger in bringing Fever Patients into Hospitals intended and used for other diseases.

I consider that the present County Infirmaries could be made more useful, by confining their benefits to a certain District, in place of retaining them as County Institutions. Should such change be made, the limits of each such District would be regulated according to population, and other circumstances; and, by adopting the *Union principle*, much benefit would be extended to Districts, in which two or more Counties unite.

All the rules proposed for the management of Fever Hospitals are equally applicable to Infirmaries. There should be attached to each of them sufficient ground for the exercise of Convalescent Patients. The arrangements at present in existence by which in some of these Hospitals a large proportion of the house is occupied by the Surgeon, should be altered.

In those parts of the country remote from Country Infirmaries, the requisite Hospital Relief could be given in two ways, first, by having in Towns or densely populous localities, *Small Hospitals* for Medical and Surgical Diseases; and secondly, by adding to the proposed Union Dispensaries and Fever Hospitals, a sufficient number of Infirmary Beds to meet the wants of the District.

The power of sending Patients to these Hospitals and all other rules, to be the same as those proposed for the other Institutions already referred to.

To meet the existing want of a proper Midwifery arrangement, I would suggest that in each Union the Boards of Guardians be empowered to pay the expense of educating a certain number of Midwives, and that one of them should be attached to each Dispensary District.

It is on all hands admitted that a constant inspecting control over the Medical Charities is absolutely necessary. The interests of all parties require such a protection, and in every part of Ireland where I visited I found this principle strongly advocated, and by none more warmly than by the Members of the Medical Profession. Should any doubt exist on this point it is only necessary to refer to the great number of these Institutions, the large amount of Money annually levied for their support, the absence of any proper authority to audit their accounts, and (if these arrangements which I have already mentioned take place,) the necessity of having some *Medical* communication between the Local Boards and the Authorities in Dublin. Besides, I should say that Inspection is equally required over Medical Charities, as over the Army, Police, Gaols, Lunatic Asylums, Schools, Post Offices, &c. &c.

The want of Inspection has been long felt, and even so far back as the 46th of Geo. 3rd, an Act was passed giving the Lord Lieutenant power to appoint persons "to *visit*, *inspect*, and *report* on the *State*, *Management*, &c. &c. of County Infirmaries.

Since that period many other similar powers were given. In 1808 a Commission issued for the purpose of "*inspecting*, *investigating*, and *reporting*" on the Dublin Medical Charities. In 1828, Lord Melbourne, (then Chief Secretary of Ireland), ordered the General Board of Health to inquire into and report upon the County Infirmaries. The Select Committee of 1830 on the state of the Irish Poor, in their Report, takes notice "of the great difficulty of establishing a *sufficient controlling power* over *the Medical Charities*, and suggests "to have *Annual Reports and Boards of Superintendence to inspect, audit, and certify the Accounts, and report on the state of all these Charities.* Further on, the Report states "*it is but just that means should be taken to ensure a due appropriation of the Money levied, and the Reports of these Boards of Superintendence might be prepared uniformly, so as to permit useful generalization leading to results of great interest and importance, with respect to the condition and statistics of Ireland.*

The *duties* of the Medical Inspectors would of necessity be onerous, and require much activity and energy. In addition to an annual, (or, if practicable, half yearly,) Inspection and Report of every Public Medical Institution in Ireland, they should also be Inspectors of Lunatic Asylums, of the Hospital Departments in Prisons and in Workhouses; they should be the medium of communication between the Local Boards and the chief Authorities in Dublin. They should moreover be required to digest all Local Reports and to assist in making a General Annual Report to Parliament of *all* matters connected with the Medical Arrangements of the Country.

It might also be highly beneficial if they had power to direct proper steps to be taken in Towns, to secure good Ventilation, Sewerage, and strict attention to cleanliness in the Yards and Reres of Buildings. These latter remarks suggest themselves from having had many complaints made to me on the subjects to which they refer, and I have no doubt that want of proper attention to such matters is the frequent origin of Fever.

I have the honor, &c.

(signed) M. Corr, M.D., M.R.C.S.I.,
Assistant Poor Law Commissioner.

To the Poor Law Commissioners.

APPENDIX (C.)

Appendix (C.)

No. 1. *Extracts from Poor Inquiry Commissioners' Reports.*

MISCELLANEOUS DOCUMENTS.

No. 1.

EXTRACTS from Reports appended to the Report of the Poor Inquiry Commissioners:

(I).—Extracts from a General Report upon the existing System of Public Medical Relief in Ireland:—by Sir David Barry, M.D., F.R.S., Deputy Inspector-General of Hospitals, &c. &c., and J. R. Corrie, Esq., M.D., Cantab.*

The classes of Institutions, and the number of each class examined by us, were— Classification of the Institutions examined.

(A.) County and City Hospitals - - - - - - - - -	15
(B.) Dispensaries - - - - - - - - - -	102
(C.) Fever Hospitals - - - - - - - - - -	16

* * * *

The leading defects, in our opinion, in the original construction and present state of the public Medical Relief System to the Sick Poor, may be traced to.— Defects of original Legislation.

1st. The total omission, on the part of the Legislature, of all provision for an efficient superintendence or control being exercised by properly qualified persons, whether of the working of the whole system, or over that of its subordinate machinery, such as County Hospitals, Dispensaries, Fever Hospitals, &c., in the different Districts.

2nd. The authorizing by law a sort of partnership in charity (unprotected, however, on one side by adequate security) between the public purse and private individuals; thereby placing it within the power of designing persons, under the various Dispensary and Fever Hospital Acts, to impose a permanent tax upon local communities, professedly for the purpose of relieving the Sick Poor of the District, but in reality for their own or their friends' private advantage. 58 Geo. III. c. 47.

3rd. The leaving it discretionary with Grand Juries,† a species of local controlling bodies, which exist only during the presence of the Judges of Assize, to diminish or annihilate the funds of a Charity capable perhaps of much usefulness; and that merely as a punishment, for abuses, the ordinary offspring of irresponsibility, and want of superintendence.

* * * *

Under such an easy system of legislation and a still more lax administration of its enactments, it is not to be wondered at, that abuses arose, nor that these abuses all tended directly, or indirectly, to divert to selfish purposes, a greater or less portion of the means originally destined for the relief of the Sick Poor.

Suggestions for the Improvement of the present System of Publical Medical Relief.

When public funds intended for the relief of the sick and impotent poor are subdivided into small portions, as in the case of Dispensaries—when each of these portions is placed by law under the separate management of local committees—when the amount of these funds respectively depends upon mere contingencies, viz. private subscription, real or nominal, and the pleasure of the local Grand Jury, the very uncertainty and smallness of the means, and the conviction, or suspicion, that a greater or less portion of them is fictitious, tend to place these Charities below the attention of the wealthy. * * Preliminary Observations.

Yet these Dispensaries profess to be the offspring of pure local charity, soliciting the support of the community, and holding out private voluntary subscriptions as a pledge of their sincerity.

Such a system of public relief left uncontrolled by competent superintendence, besides producing the abuses of which we have given so many examples, must serve also to diminish the stock of public integrity, and to reduce to the very smallest fraction, compatible with the existence of the abuses themselves, the portion of relief which actually reaches the Sick Poor. * *

With the view then of remedying the defects to which we have alluded, as either inherent in the present system of public relief, or as actually existing in the different classes of Public Charities in Ireland, we beg leave to suggest,—

That to whatever class the Institutions may belong through which public relief is to be afforded to the sick and impotent poor, the source from which the means of relief are to be derived should be fixed and secure, and also that these means should be such as may claim the respect and attention of the better orders of the community, such as may command an administrative machinery most likely to insure to the greatest number of destitute sick the largest amount of real *bonâ fide* relief which local circumstances will admit. * * *

Suggestions for the Improvement of Class (B.)

* * * *

4th. By rendering the funds of Dispensaries independent of private subscription, the general Practitioner and the industrious fair-trading Apothecary would be protected from the influence of an abuse which is every day weighing more hardly upon their business, and at the same time depriving the destitute poor of a large share of the means intended exclusively for their relief. We mean the practice of Subscribers, in several cases, insisting upon advice and medicine *gratis*, from the Charity, for their own families, as well as for those whom they may recommend, although such persons might be well able to pay the independent Practitioner for his services and his drugs. * *

5th. The distance at which these Institutions should be placed from each other; the salaries, classes and number of their Medical Officers; the extent of their means; in short, the power of the whole machinery of each of these Institutions, should be regulated by the amount of population in Cities and Towns; by the amount of population and extent of surface jointly in rural districts. * *

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* Report of the Commissioners for inquiring into the condition of the Poor in Ireland.—App. B., p. 1.—Ordered to be printed, 8 July, 1835.

† This power is now vested in the Presenting Sessions, April, 1841.

Appendix (C.)
No. 1.
Extracts from Poor Inquiry Commissioners' Reports.

Inspection, Control, Check. Fever Hospitals.

10th. Carefully organized control, and competent professional inspection at *uncertain* times, embracing a system of graduated responsibility and check, based upon a legislative enactment, should *at once* be established, whatever may be the details of the relief proposed. With these safeguards the legitimate objects of public charity would be protected, whilst the stock of public virtue would be increased: without them public charity is, unfortunately, never well administered; the fraction of it allowed to reach the poor becoming less and less every day. * * *

The very name of Fever Hospitals, given to the Charities of this class, operates strongly against their efficiency. * * Let them be made general instead of exclusive Hospitals, let them be called *District* instead of Fever Hospitals, and then the severe accident need not be left to perish in the remote and wretched cabin, where distance renders the County Hospital of no avail, and where the name and rules of the *Fever Hospital* close by preclude the admission of the wounded or dying man, however urgent his case may be, and however ample the accommodation vacant at the time: whilst a similarly exclusive law prevents the poor man who is perishing from fever and destitution, from being received into the County Hospital (Infirmary) next door, although it were half empty at the time, or occupied by persons least entitled to its advantages. * * *

Extracts from Further Remarks of Sir D. Barry and Dr. Corrie.

Infirmaries. Sect. 9. Who entitled to admission.

Under the present system, many cases of a very chronic nature are admitted, and the Hospital thus rendered little better than a Poor-house, beds being for a length of time occupied by individuals who would do equally well in a Poor-house or at home, whilst a succession of persons suffering from acute diseases, and to whose cases immediate attention is of the utmost importance, are excluded from want of accommodation. * * *

There are many extensive Districts, some of them containing considerable Towns, in which there is no Public Medical Charity of any description. * * *

Dispensaries. Sect. 5 (*b.*) Residence of Medical Officer.

It might be considered essential that the Medical Officer should reside in his District, but this is not imperative, and examples of the contrary are too numerous. We do not so much mean to notice those where the salary is low, and the District secluded and small; but those in which the Medical Officer is well paid, has a large District, and yet lives in a Town several miles distant, where he keeps his dispensary drugs often placed promiscuously with his own, sees what poor he likes, and pursues his private practice, always professing to be ready, at any moment, to visit a poor sick Patient in any part of a District, the nearest point of which is sometimes five or six miles off, and the most distant ten, fifteen or twenty; thus undertaking to go twenty, thirty or forty miles to make one visit. It is evident that this will be but seldom done. In some extreme cases, a poorly paid unqualified assistant resides on the spot. * * *

Sect. 6. Payment.

The payment of the Medical Officers is derived from the general fund raised, as explained under the head of Account, and varies not only in amount, but also in other respects equally important for the interest of the Charity. It frequently is, as it ought to be, fixed and certain; but it may be made to depend on the state of the funds, and to consist of the amount of whatever balance may remain, after all other expenses shall have been paid, a most objectionable plan, in our opinion, and leading directly to great mischief, or it may be partly fixed, and partly dependent on the number of domiciliary visits paid: a good plan in itself, but one which requires a complicated arrangement of tickets, to be carefully filed and counted by a vigilant committee, at fixed periods; an advantage rarely to be calculated upon. Indeed, without regular superintendence, no plan can succeed; and the want of it is the chief source of many of the errors it has been our painful duty to record. * * *

1st. The Medical Officer sometimes is not bound to visit beyond a fixed and moderate distance from the station, far within the limits of the District; or 2nd, If he is called upon to go further he is paid extra. 3rd, In some places the rule is, that only the poor resident on the estates of the Subscribers shall have the advantages of the Charity, in order that those who are Proprietors in the District, and yet refuse to subscribe, may, if possible, be compelled to do so; but though the resident Clergy and Gentry may, in committee, approve of such a bye-law, they do not and cannot practically act up to it. No one refuses a really sick poor neighbour a Dispensary ticket, because the superior and natural protector is absent or refuses to subscribe. Moreover, it is the opinion of some, that as part of the funds are provided by the county at large, every sick pauper has a right to the benefits of the Charity. 4th, In many Districts the rule is that all the tenantry on the estates of the Subscribers shall have a right to the gratuitous assistance of the Medical attendant. 5th, Another plan is to have very small subscriptions, the stipulations being that these Subscribers and their families shall, in return, be themselves entitled to the full benefits of the charity; a practice completely at variance with the spirit and expense of a Charitable Institution. * * *

The income, from the circumstance of its depending on voluntary contributions, is necessarily precarious; and a division of opinion (about the selection of the Medical Officer for example) will often cause the withdrawal of subscriptions, and thus destroy, or at least impair, the usefulness of the Charity, and the *sick poor* are the victims.

II.—EXTRACTS from a General Report upon the existing System of Public Medical Relief in Ireland:—by Cusack Roney, Esq., *Medical Assistant Commissioner.*

Dispensaries.

Want of Infirmary relief.

Of the Dispensaries visited, a very small proportion possessed internal arrangements for the reception of Patients. This want is often severely felt when sudden accidents or acute and serious diseases occur. The County Hospital or Infirmary (generally the only place where internal accommodation is to be obtained) is often twenty, thirty, and even sometimes fifty miles off. The removal of certain urgent cases to such a distance exposes the sufferer to the imminent risk of loss of life; and it has occurred more than once that the Patient has expired on the journey. * * *

Election of Medical Officers.

I do not take upon me to decide to whom the power of election should be entrusted, but I do not hesitate to declare that it would be indispensible that all appointments, together with the qualifications of the person appointed, should be submitted to the approval of the Board. In order to ensure a legitimate competition, it would be necessary that notice of all vacancies should be given by advertise-

ment in at least two newspapers. I would direct attention to this point, as in the present state of things, persons are almost always appointed by their friends, without any regard to testimonials or to competence. * * *

I could mention many instances where absentee landlords, and even resident proprietors, have altogether declined contributing to Dispensaries, from which nevertheless their poorer tenants were relieved to a very considerable extent. I have found it also to be not uncommon for farmers and others of moderate means to become Subscribers of a small sum, often half a-guinea. In this manner the subscription list, which was laid before the Grand Jury, and on which the amount of the Presentment depended, was swelled, whilst the Subscribers drew aid from the Charity, often far exceeding in value the sum which they had given. These abuses could not possibly take place if the funds of Medical Institutions were supplied from a rateable tax which had been levied from all in just proportions; a mode which has been already suggested. Such an arrangement would no longer leave a pretext for refusing relief to any one soliciting it. All would, in truth, become entitled to it. It has frequently come to my knowledge during the course of my inspection, that large additions have been made to the list of Subscribers just previous to an election, for the purpose of securing the appointment of some individual. * * *

Wealthy Parties not Subscribers.

Officers not medical.

The fluctuating amount of the receipts of Medical Charities has been found to have interfered most materially with their well-being. It frequently happens that, as at present constituted, the main support of their existence consists of the large subscriptions of one or two individuals, which are liable at any moment to be withdrawn through the caprice of the contributor, in whose power may thus be said to be the stability of the Institution. If we look into the nature of a large proportion of other subscriptions, it will be seen that they are often accompanied by a tacit stipulation, that if given by individuals of the lower classes, not only the donor, but all his family, shall be attended gratuitously and provided with medicine; and if given by the more wealthy, that all the household servants of the contributor shall equally receive every kind of medical aid in return. Many Physicians have said that the claims upon their time, under these circumstances, are often most exhorbitant, and that they have been afraid to demand any remuneration for their trouble. It appears to me, that subscriptions received under the conditions just detailed, cannot with justice be considered as gain, when we take into computation the degree to which the services of the Medical attendant, and the medicines and stores of the Charity are given as an equivalent. I have already proposed a remedy for this state of things, when I suggested, that the maintenance of all Hospitals and Dispensaries should rest on a fixed income, to be drawn from the public resources of the country.

Funds and Accounts, Receipts.

Many Subscribers obtain an equivalent for their contributions.

III.—EXTRACTS from a GENERAL REPORT on the existing System of PUBLIC MEDICAL RELIEF in IRELAND:—by W. P. BORRETT, Esq., M.D., *Medical Assistant Commissioner.*

On the Dispensaries.

The first and one of the most important points for consideration is the *allocation* of Dispensaries. Although, generally speaking, they occupy suitable positions, they are in some parts unequally distributed over the country, being unnecessarily close together, and frequent, or scarce, and even entirely wanting, where the public convenience most requires them. Thus the District is either circumscribed within a narrow compass, or vague and undefined, and extending a long way; for it is the custom to swell the subscription-list by receiving contributions from every quarter, without reference to the extent of duty imposed on the Medical attendant, who is sometimes called upon to visit as far 8, 10 and even 12 miles from the Dispensary. The reason of this partially existing state of Medical relief (for which it may be observed there is a tax levied upon the County at large), as well as of seeking contributions so far off, is to be attributed to the present plan of allowing any number of Subscribers to originate a Dispensary where they please, and making the Grand Jury Presentment to depend upon the amount subscribed. * * *

Extent of District and population.

The practice of compelling the Medical Officer to reside on the spot should be everywhere adopted, if it be the intention of Subscribers to make the Dispensary of real service; for how can medical aid be said to be fairly placed within the reach of the Sick Poor, and least of all, when immediate help is necessary, if the Medical Officer attend at the Institution one day only in the week. * *

Necessity for Residence of Medical Officer.

I had occasion to remark that those Dispensaries were furnished with but a moderate and scanty supply of drugs, in which it was the custom, after defraying their cost, to hand over the surplus funds to the Medical Officer in the shape of salary. If, however, the salary was fixed at a low amount, then Medicines would be provided in a sufficient, nay, sometimes in a superfluous quantity. They became in such instances a heavy item in the expenditure for the year; but since vouchers for the payment of the druggists' bills were not always producible, having been either wilfully destroyed, or lost through carelessness, it could not be ascertained whether the entire sum had been applied to the purchase of medicines. Occasionally the Medical Officer was allowed to charge a round sum for supplying Medicines; a bad plan, as it gave him the opportunity (if disposed to make use of it) of substituting inferior articles, and so gaining the difference in cost between good and bad. * *

Abuses in respect to Salaries, and to the supplying of Medicines.

One of the chief abuses of the present system is the diversion of the funds of the Charity from its proper objects. When sickness and poverty combine in an individual, the joint affliction fulfils the condition requisite to entitle him to claim relief. * * *

Who entitled to relief.

It is absolutely essential to the right working of Dispensaries that this abuse should be done away with. It is one of the very worst features of the present system. It has been carried to such an extent, that Subscribers have been supplied, through fear of disobliging them, with Medicines for their dogs, horses, and even private families, at the expense of the Charity. They have even gone further, and procured Medical advice for themselves as well as Medicines gratis. * * *

Abuses in respect to parties obtaining relief.

Domiciliary attendance is an essential point to be provided for in a well-regulated Dispensary. * *

On visiting Out-patients.

Any increase of the County grant, under the existing circumstances, would only impose an additional burden upon the poor. But the evil would be in a great measure corrected, if the taxation were borne by the landlord, payable however in the first instance by the tenant. To whatever amount the occupier of the soil might be assessed, it should be taken in lieu of so much rent paid to the proprietor, or the money required for the support of the Medical Institutions might be supplied from a general Rate. * * *

Mode of obtaining Funds.

APPENDIX (C.)

No. 1.
Extracts from Poor Inquiry Commissioners' Reports.

Want of Medical relief.

A great deal of the distress among the poorer classes is, beyond a doubt, to be ascribed to the inadequacy of Medical Relief, especially to the want of Hospital accommodation. The second part of my Report will embrace this division of the subject, but it may be here remarked that painful instances were stated in the course of my inquiry to have occurred of late, in which persons seized with fever or cholera, or to whom an accident had befallen, were obliged to be abandoned to their fate, left under a hedge, or in a ditch or pit by the road-side to perish, because there was no place to take them to. If a wandering beggar were taken sick, he had no alternative, in several places, but to lie in the open air; sometimes the poor would build a hut over him. * * *

Pauperism caused by want of Medical relief.

Besides the sacrifice of life there are other evils resulting from this exclusion; it tends much to the extension of pauperism. The extern assistance afforded by the Dispensary does not relieve the poor man from the expense attending sickness. His capital is consumed in procuring drinks, sustenance and other necessaries to alleviate the sufferings of the sick bed; his clothes and furniture are pledged to supply his wants in the course of a protracted illness, and when at length he recovers, he finds himself and his family reduced to beggary.

However, to avoid expense, it is not proposed to connect more than from five to ten beds with each Dispensary, and only in those Medical stations where the distance of the County Infirmary is so great that although taxed for its support, the inhabitants of the District cannot have recourse to it. * *

County Infirmaries and Fever Hospitals.

Inadequacy of County Infirmaries, and of County Fever Hospitals; Districts taxed for them where relief cannot be obtained.

There are several points of objection to the present law, and to the practice under it, for the regulation of the Infirmaries. First, as only one Infirmary is contemplated by law, or has, with very few exceptions, been established for each County, without reference to its size, the provision thus made for the relief of the Sick Poor, whatever may be its other defects, is wholly inadequate to the wants of a large and extensive population. Secondly, as a tax is raised off the land for the support of each Infirmary, and made payable throughout the County, a great portion of the expense, particularly in the large Counties, falls upon persons who live in rateable Districts, but at too great a distance to avail themselves of the Institution. And hence the inmates of the Hospitals which I visited were generally confined to the immediate neighbourhood. Either means were wanting to transport Patients from a distance, or there was no Subscriber in the way from whom to procure an order for the Infirmary.

No. 2.
Petitions and Resolutions of Medical Bodies.

No. 2.

PETITIONS and RESOLUTIONS of MEDICAL BODIES, referred to in the REPORT.

I. King's & Queen's College of Physicians.

I.—EXTRACT from a PETITION to Parliament from the President and Fellows of the King's and Queen's College of PHYSICIANS, Dublin.

That your Petitioners, deeply impressed with a conviction, (a conviction which they have more than once expressed to the Government,) that the present system of Medical Charitable Relief in Ireland, is extremely defective, look with sincere gratification at the disposition manifested by your Honorable House to effect a reform of its abuses.

II. Royal College of Surgeons.

II.—EXTRACT from a PETITION to Parliament from the President and Members of the Royal College of SURGEONS, Dublin.

That your Petitioners have learned with much satisfaction that a Bill has been introduced into your Honorable House, for the better regulation of the Medical Charities in Ireland, being convinced that additional powers are required to carry the existing Laws for regulating them into full effect, and that additional provisions have become necessary to adapt them to the altered state of the country, and the present wants of the people." "That it appears most desirable that sufficient funds should be provided for each Institution, perfect for its purpose, and that such means of support should not be derived from a precarious source or liable to a capricious alteration. It appears particularly desirable that the Infirmaries, Fever Hospitals, and other Institutions, which have been erected at a considerable expense, and which maintain an Establishment requiring a considerable annual outlay should not have their utility injuriously limited by denial or postponement of the requisite income to render them efficient." That, "your Petitioners are of opinion that the appointment of impartial, experienced, and properly educated Members of the Profession to act as Inspectors of Medical Charities will prove most beneficial by affording the Local Governors the requisite advice, assistance and support in circumstances of difficulty, by enforcing obedience to the laws and regulations for the Government of the Institutions and by obliging all the Officers and others to discharge their duties effectually and punctually.

III. Medical Meeting in Dublin.

III.—RESOLUTIONS of a Medical Meeting in Dublin, 1838.

At a Public Meeting held in Dublin, in the month of June, 1838, attended by nearly the entire of the Fellows and Licentiates of the College of Physicians, and Members and Licentiates of the College of Surgeons, resident in Dublin, it was resolved:—

That it is this opinion of the Meeting that a Legislative enactment to provide for the adequate support of the Medical Charities in Ireland, and to secure the proper and judicious application of the funds to their legitimate object, is a measure greatly to be desired, and deserving of our concurrence.

That the establishment of a Board of Inspectors of Medical Charities, if composed of well educated, independent and experienced Members of the Profession, may be calculated to render these Charities throughout the country of still more value than they are at present.

IV. Petition adopted at Meeting at Cork.

IV.—PETITION to Parliament adopted at a Medical Meeting at Cork, 1837.

At a Public Meeting of the Medical Profession of the Province of Munster, held in Cork in the month of January, 1837, it was unanimously resolved:—

That, whilst your Petitioners recognise the many difficulties, which attend the introduction of

measures for ameliorating the unparalleled pauperism which afflicts Ireland, difficulties however, which they hope the beneficient and well directed efforts of the Imperial Legislature may ultimately surmount, they most earnestly submit to your Honorable House the pressing necessity of immediately creating an organized system of relief for the Sick Poor, to be maintained by a National Assessment.

That the Charitable Institutions, which at present exist for the relief of the Sick Poor of Ireland are Dispensaries, Infirmaries, Fever Hospitals, and Lunatic Asylums; that these Establishments are principally supported by voluntary Contributions, and by Grand Jury Presentments: that they have been founded and established, in many instances, chiefly by the exertions of individuals, without regard to the populousness of the District, or the poverty of the Inhabitants; and that, whilst the more wealthy Districts are provided with Institutions for relieving the Sick, many of the Poorest parts of this County are destitute of the means of affording them assistance.

Institutions established without reference to population, or to the wealth or poverty of the District.

That your Petitioners, from their peculiar station in life, and in the discharge of their Professional duties, have daily opportunities of witnessing the inadequacy of the present Medical Charitable Institutions to meet the heavy and increasing claims of our pauper population; and that, in those periodical visitations of Epidemic disease, which, with fearful regularity, afflict Ireland, reaching even to the higher orders of the land, the want of an efficient and well organized system of Medical relief capable of being immediately applied to the emergency of the occasion, and extended according to the Epidemic invasion, has been productive of much calamity, and that the imperfect efforts to meet such urgent demands, have involved much fruitless expenditure of the Public money.

Inadequacy of existing Institutions.

That the government, conduct, and management of the several Medical Charities of Ireland, are entrusted to persons, who of necessity are comparatively ignorant of Medical details, and consequently incapable of rendering these Establishments as effective as they should be, in fulfilling the objects for which they have been instituted.

Existing management of Medical Charities unsatisfactory.

That the fluctuating and precarious income, arising from the public assessments being chiefly proportionate to the amount of voluntary contribution, interferes materially with the stability and efficiency of these Institutions, by making their existence depend upon the caprice, and often the self-interested motives of Individuals; that the Medical Attendant is thereby often placed in painful situations, where his public duty is rendered subordinate to an undue authority exercised by persons, who possess the power by withdrawing contributions, of destroying the Charity, and of injuring the Medical Officer, if their unreasonable demands are disregarded; and that the Sick Poor are in consequence too frequently the victims.

Income precarious.

That even where voluntary associations have been established and have been well conducted they have failed in alleviating the necessities of the Poor; that they have proved burthensome upon the benevolent and free-giving Members of the Community, whilst many of the wealthier classes have in numerous instances scarcely, or not at all, contributed to their support; that the amount of voluntary subscriptions have been rapidly decreasing; that the anticipated Legislation for the Irish Poor has materially diminished the already insufficient funds of some Charitable Institutions; and that the peculiar state of society in Ireland urgently requires a more energetic and organized administration of Relief, than can ever be effected by voluntary Associations.

Many of the wealthy do not contribute.

That in creating a legal provision for the relief of the Sick Poor in Ireland, it is essential the whole country be divided into Districts; and that the local administration of the several Charitable Institutions of each District, shall be vested in Elective Boards of the Guardians, to be elected from the Body of Rate-payers resident in such Districts.

Relief to be afforded in Districts, and by parties elected by the Rate-payers.

That in order to secure uniformity of action and regularity of detail, without which an effectual system of National relief cannot be maintained, a Central Board of Poor Law Commissioners should be appointed by Government, (a certain number of which ought to be of the Medical Profession), who shall exercise a general control and superintendence over all the Charitable Institutions supported by public assessment, and have power to direct the establishment of such as may be found necessary in any particular Districts.

Central controlling authority advocated, on which there should be some Medical men.

That the Central Board of Poor Law Commissioners should be empowered to appoint Medical Inspectors, who shall visit the several Public Establishments for relieving the Sick Poor, and report upon their condition, management and efficiency.

Necessity of Medical inspection.

That the present Dispensaries by securing the residence of several intelligent and well educated Medical Men in various Districts of the Country, and by providing immediate Medical assistance for the Sick Poor at their own homes, are Establishments extremely well adapted to the present circumstances of Ireland, and are capable of conferring substantial benefits upon the objects of their care. In order however to extend their usefulness and to render them more efficient, it is the opinion of your Petitioners that they be made independent of private support, that they be placed under the control of the proposed constituted Guardians for administering public relief, and that their number be increased so as to bear a determinate ratio to the population of each District.

Dispensaries to bear a ratio to the population.

That the many Medical Practitioners who are now in charge of the several existing Institutions for the relief of the Sick have, by continued settlement in the Districts in which they are placed, and by resigning whatever prospects and advantages for their advancement in life they may have possessed elsewhere, obtained a strong claim upon the Legislature to protect their interests in any contemplated enactments for the future Government and direction of such Establishments.

Existing Medical Officers to be considered.

That your Petitioners are Members of a learned profession, which has ever been distinguished for a disinterested discharge of the public duties imposed upon them by Society,—that whilst the interests of every other class of the community are protected by Legislative enactments, the remuneration of Medical services is accounted an honorable obligation, and your Petitioners therefore confidently hope that your Honorable House will especially provide in any future Legislative enactments, to maintain the integrity and uphold the high character, which the Medical Profession has ever maintained in these countries.

Wherefore your Petitioners earnestly pray, that your Honorable House may pass into law, measures for establishing an organised system of Relief for the Sick Poor of Ireland, to be supported by a fund obtained by an assessment wholly, and not partially compulsory,—to be managed by Elective Boards of Guardians—to be directed by responsible Public Officers, and to be subjected to the severest public scrutiny.

Funds to be wholly compulsory, and to be disbursed by elective Boards of Guardians.

DUBLIN: PRINTED BY ALEXANDER THOM, 86, ABBEY-STREET,
FOR HER MAJESTY'S STATIONERY OFFICE.

REPORT

OF

THE POOR LAW COMMISSIONERS,

ON

MEDICAL CHARITIES,

IRELAND,

PURSUANT TO THE 46TH SECTION OF THE ACT 1 & 2 VICTORIA, C. 56.

ADDRESSED TO

THE MOST NOBLE THE MARQUESS OF NORMANBY,

HER MAJESTY'S SECRETARY OF STATE FOR THE HOME DEPARTMENT.

Presented to both Houses of Parliament by Command of Her Majesty.

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